

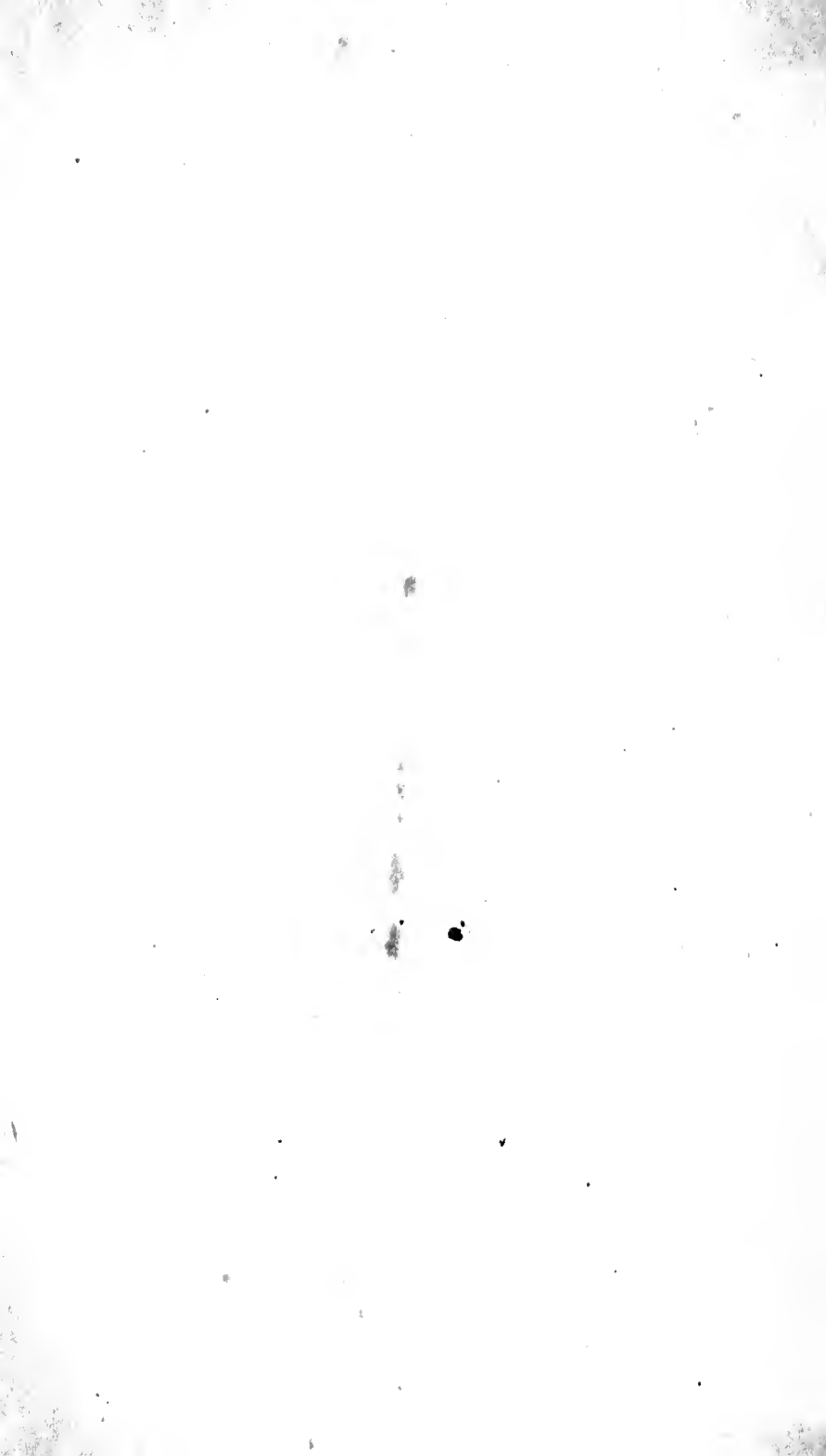
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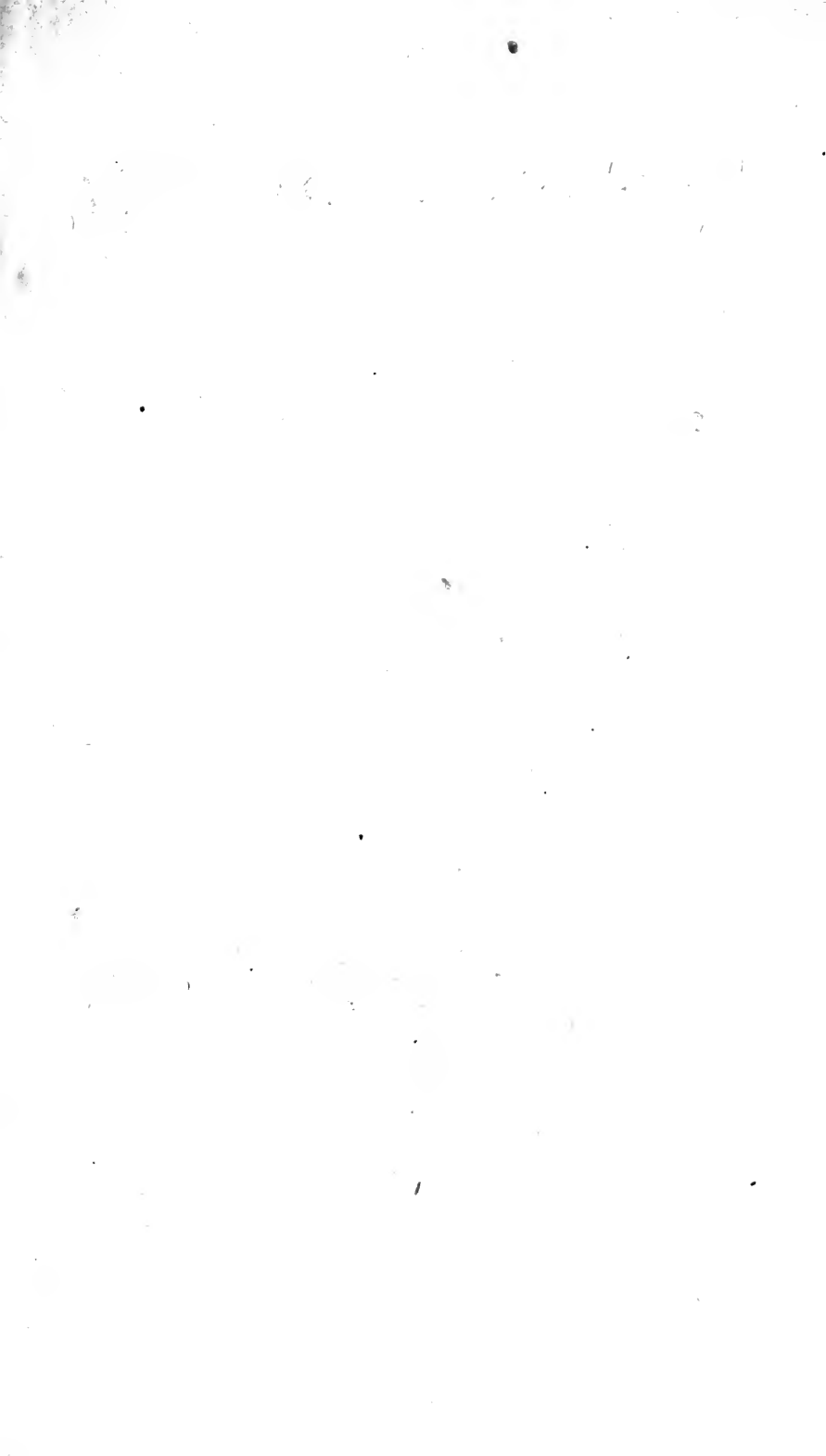
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MEDICAL SCIENCES.

EDITED BY
ISAAC HAYS, M.D.,
SURGEON TO WILLS HOSPITAL,
FELLOW OF THE PHILADELPHIA COLLEGE OF PHYSICIANS; MEMBER OF THE
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TO READERS AND CORRESPONDENTS.

The following works have been received:—

On the Employment of Chloroform in Dental Surgery, its Mode of Exhibition, &c. By FRANCIS BRODIE IMLACH, Dentist, &c. &c. Edinburgh, 1848. (From the Author.)

On the Duration of Labour as a Cause of Mortality and Danger to the Mother and Infant, &c. In reply to a Letter of Dr. Collins. By J. Y. SIMPSON, Prof. Med. in the Univ. of Edinburgh. (Extracted from the Prov. Med. and Surg. Journ., Nov. 1, 1848.) Edinburgh, 1848. (From the Author.)

Medical Communications of the Massachusetts Medical Society, Vol. VII., No. VII. Boston, 1848. (From Dr. Edward Jarvis.)

The Transactions of the Provincial Medical and Surgical Association, Vol. XVI., Part I. London, 1848. (From the Association.)

The Principles and Practice of Modern Surgery. By ROBERT DRUITT, F.R.C.S. A new American from the last and improved London edition. Edited by F. W. SARGENT, M.D., author of "Minor Surgery," &c. Illustrated with 193 wood engravings. Philadelphia, Lea & Blanchard, 1848. (From the Publishers.)

Hints towards the Formation of a more Comprehensive Theory of Life. By S. T. COLERIDGE. Edited by SETH B. WATSON, M.D. Philadelphia, Lea & Blanchard, 1848. (From the Publishers.)

Observations on the Pathology of Croup, with Remarks on its Treatment by Topical Medications. By HORACE GREEN, A.M., M.D. New York, 1849. (From the Author.)

The Philosophy of Marriage, in its Social, Moral, and Physical Relations, with an Account of the Diseases of the Genito-urinary Organs, which impair or destroy the reproductive function, and induce a variety of complaints; with the Physiology of Generation in the Vegetable and Animal Kingdoms. By MICHAEL RYAN, M.D., &c. From the last London edition. Philadelphia, Barrington & Haswell, 1848. (From the Publishers.)

A Text-Book of Practical Anatomy. By ROBERT HARRISON, M.D., &c. &c. With Additions by an American Physician. With numerous illustrations. New York, Samuel S. & Wm. Wood, 1848. (From the Publishers.)

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Lectures on Venereal and other Diseases arising from Sexual Intercourse. Delivered in the summer of 1847 at the Hôpital du Midi, Paris. By M. RICORD. Reported and Translated by VICTOR DE MERIE, M.D. Philadelphia, Ed. Barrington & Geo. D. Haswell, 1849. (From the Publishers.)

An Illustrated System of Human Anatomy*, Special, General, and Microscopic. By SAMUEL GEORGE MORTON, M.D., Penn. and Edinb., &c. &c. With 391 engravings on wood. Philadelphia, Grigg Elliott & Co., 1849. (From the Author.)

Minutes of the Proceedings of the Committee appointed on the 12th Sept., 1793, by the Citizens of Philadelphia, the Northern Liberties, and the District of Southwark, to attend to and alleviate the sufferings of the afflicted with malignant fever prevailing in the city and its vicinity. With an Appendix. Printed by order of the Select and Common Councils of the City of Philadelphia. Philadelphia, 1848. (From Charles A. Poulson, Esq., Chairman of the Committee of Councils.)

Annual Report of the Regents of the University on the Condition of the State Cabinet of Natural History. With Catalogues of the same. Made to the Senate April 11th, 1848. Albany, 1848. (From Dr. T. R. Beck.)

Report made to the House of Representatives of Massachusetts respecting the Expediency of appointing Commissioners to Inquire into the Condition of the Idiots in that Commonwealth. (From Dr. Jarvis.)

Report of the Commissioners appointed to Inquire into the Condition of the Idiots of Massachusetts, with the Supplementary Report. (From Dr. Jarvis.)

Reports and other Documents relative to the Ventilation of the School Houses of the City of Boston. Boston, 1848. (From Dr. E. Jarvis.)

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Memorial of Lemuel Shattuck, praying for a Revision of the Laws in relation to the Registration and Return of Births, Marriages, and Deaths. (From Dr. E. Jarvis.)

Outlines of a New System of Physiology. By LOUIS MACKALL, M. D. Washington, 1848. (From the Author.)

Twelfth Annual Report of the Trustees and Superintendent of the Vermont Asylum for the Insane. Sept. 1848. Rutland, 1848. (From Dr. W. H. Rockwell.)

The Twenty-fourth Annual Report of the Officers of the Retreat for the Insane, at Hartford, Conn. April, 1848. (From J. S. Butler, M. D., Physician and Superintendent.)

Introductory Lecture to the Course of Materia Medica and Pharmacy, in the University of Pennsylvania. By GEORGE B. WOOD, M. D., Prof. of Mat. Med. and Pharm. Delivered Oct. 19, 1848. Philadelphia, 1848. (From the Author.)

An Introductory Lecture Delivered to the Class of Midwifery and Diseases of Women and Children in Jefferson Medical College. Oct. 18th, 1848. By CHAS. D. MEIGS, M. D. Published by the Class. Philadelphia, 1848. (From the Author.)

An Introductory Lecture to the Medical Class of the University of Louisville. By LUNSFORD P. YANDELL, M. D., Prof. of Chem. and Pharm. Louisville, 1848. (From the Author.)

An Introductory Lecture, delivered at the Massachusetts Medical College, Nov. 1, 1848. By JOHN B. S. JACKSON, M. D., Prof. of Path. Anat. Boston, W. D. Ticknor & Co., 1848. (From the Author.)

Introductory Lecture delivered in the Medical College of Georgia at the opening of the Annual Session, Nov. 6, 1848. By JOSEPH A. EVE, M. D., Prof. of Obstetrics and Diseases of Women and Infants. Published by the Class. August, 1848. (From the Author.)

Introductory Lecture delivered to the Class of Starling Medical College, Nov. 15, 1848. By FREDERICK MERRICK, A. M., M. D., Prof. of Chem. and Bot. Columbus, 1848. (From the Author.)

A Discourse on the Influence of Diseases on the Intellectual and Moral Powers, delivered as an Introductory Lecture at the College of Physicians and Surgeons in the City of New York, Oct. 30, 1848. By JOSEPH MATHER SMITH, M. D., Prof. of Theory and Pract. Phys. and Clinical Med. New York, 1848. (From the Author.)

The Report of the Surgeon-General to the Secretary of War at the opening of the Second Session of the Thirteenth Congress. Washington, 1849. (From Thos. Lawson, Surg.-Gen.)

Catalogue of the Trustees, Faculty, and Students of the Medical College of the State of South Carolina. Session 1847-48.

Fifth Annual Catalogue for 1847-48 of Rush Medical College. Chicago, Ill., 1848.

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A Plea for Obstetrics. Introductory Lecture to the Course of Midwifery, in the Medical Department in Pennsylvania College. For the Session of 1848-49. By JOHN WILT BANK, M. D. Published by the Class. Philadelphia, 1848. (From the Author.)

An Introductory Lecture on the Coinciding Tendencies of Medicines. By JARED P. KIRTLAND, M. D., Prof. of Theory and Pract. Med. and Phys. Diag. in the Med. Dep. of the Western Reserve College. Cleveland, 1848. (From the Author.)

The following Journals have been received in exchange:—

Revue Médico-Chirurgicale de Paris. Sous la direction de M. MALGAIGNE, Chirurgien de l'Hôpital de St. Louis, &c. Aug., Sept., Oct., 1848.

Revue Médicale Française et Étrangère. Par J. B. CAYOL. Recueil des travaux de la Société de Médecine de Paris. March, April, May, June, July, Aug., 1848.

Gazette Médicale de Paris. May, June, July, Aug., Sept., 1848.

Journal de Médecine et de Chirurgie Pratiques à l'Usage des Médecins Praticiens. Par LUCAS-CHAMPIONNIÈRE, D. M. P. June, July, Aug., Sept., 1848.

Annales de Thérapeutique Médicale et Chirurgicale et de Toxicologie. Publiée par M. LE DOCTEUR ROGETTA. May, June, July, Aug., 1848.

Journal des Connaissances Médico-Chirurgicales. June, July, Aug., Sept., Oct., 1848.

Journal des Connaissances Médicales Pratiques et de Pharmacologie. May, June, July, Aug., Sept., 1848.

Journal de Pharmacie et de Chimie. May, June, July, Aug., Sept., 1848.

Annales Médico-Psychologiques Journal de l'Anatomie, de la Physiologie et de la Pathologie du Système Nerveux. Par MM. les Docteurs Baillarger, Cerise et Longet. May, 1848.

La Lancette Française, Gazette des Hôpitaux Civils et Militaires. May 15 to Oct. 5, 1848, inclusive.

The Edinburgh Medical and Surgical Journal. Oct. 1848.

Guy's Hospital Reports. Edited by GEO. H. BARLOW, M.D., E. COCK, F. R. C. S., E. L. BIRKETT, M.D., and ALFRED POLAND, F. R. C. S. Oct. 1848.

The British and Foreign Medico-Chirurgical Review. Oct. 1848.

Monthly Journal and Retrospect of the Medical Sciences. Oct., Nov., Dec., 1848.

The London Medical Gazette, and Journal of Practical Medicine, and the Collateral Sciences. Sept., Oct., Nov., 1848.

Provincial Medical and Surgical Journal. Edited by R. J. N. STREETEN, M.D. Foreign editor W. H. RANKING, M.D. Sept., Oct., Nov., 1848.

Dublin Medical Press. Sept., Oct., Nov., 1848.

The Journal of Psychological Medicine, and Mental Pathology. Edited by FORBES WINSLOW, M.D. Oct. 1848.

The Dublin Quarterly Journal of Medical Science. Nov. 1848.

Medical Times. Sept., Oct., and Nov., 1848.

The American Journal of Pharmacy, published by authority of the Philadelphia

College of Pharmacy. Edited by JOSEPH CARSON, M.D., Prof. Mat. Med., and WM. PROCTOR, Jr., Prof. of Pharm. Oct. 1848.

The Western Journal of Medicine and Surgery. Edited by Drs. DRAKE, YANDELL, and COLESCOTT. Oct., Nov., and December, 1848.

North-Western Medical and Surgical Journal. Edited by WM. B. HERRICK, M.D., and JOHN EVANS, M.D., Prof. in Rush Medical College. Aug. and Sept. 1848.

The New Jersey Medical Reporter, and Transactions of the New Jersey Medical Society. Edited by JOSEPH PARRISH, M.D. Oct. 1848.

The American Journal of Science and Arts. Conducted by Profs. B. SILLIMAN and B. SILLIMAN, Jr., and JAS. D. DANA. Nov. 1848.

The Buffalo Medical Journal, and Monthly Review of Medical Science. Edited by AUSTIN FLINT, M.D. Oct., Nov., and Dec., 1848.

Southern Medical and Surgical Journal. Edited by PAUL F. EVE, M.D. Oct. and Dec. 1848.

The Boston Medical and Surgical Journal. Edited by J. V. C. SMITH, M.D. Oct. 1848.

The Medical Examiner, and Record of Medical Science. Edited by R. M. HUSTON, M.D. Oct. and Nov. 1848.

The New York Journal of Medicine and the Collateral Sciences. Sept. and Nov. 1848.

The St. Louis Medical and Surgical Journal. Edited by Drs. M. L. LINTON, J. S. MOORE, WM. M. MCPHEETERS, and J. McDOWELL. Sept., Oct., Nov., and Dec., 1848.

The American Journal of Insanity. Edited by the Officers of the New York State Lunatic Asylum, Utica. Oct. 1848.

The Ohio Medical and Surgical Journal. Edited by JOHN BUTTERFIELD, M. D. Nov. 1848.

The Western Lancet and Hospital Reporter. Edited by L. M. LAWSON, M. D., and JOHN P. HARRISON, M. D. Nov. and Dec. 1848.


The Annalist. Edited by N. S. DAVIS, M. D. Nov. and Dec. 1848.

The Charleston Medical Journal and Review. Edited by P. C. GAILLARD, M. D., and H. H. DE SAUSSURE, M. D. Nov. 1848.

The New Orleans Medical and Surgical Journal. Edited by Drs. J. HARRISON and A. HESTER. Nov. 1848.

Communications intended for publication, and Books for Review, should be sent, *free of expense*, directed to ISAAC HAYS, M. D., Editor of the American Journal of the Medical Sciences, care of Messrs. Lea & Blanchard, Philadelphia. Parcels directed as above and sent (carriage paid) under cover, to John Miller, Henrietta Street, Covent Garden, *London*; or to Wiley & Putnam, *New York*; or W. D. Ticknor, *Boston*; or M. Hector Bos-sange, Lib. quai Voltaire, No. 11, *Paris*, will reach us safely and without delay. We particularly request the attention of our foreign correspondents to the above, as we are often subjected to unnecessary expense for postage and carriage.

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XVIII. Observations on the Pathology of Croup, with remarks on its treatment by topical medications. By Horace Green, A. M., M. D. &c. &c.—New York: 1849. 12mo. pp. 115.	116
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- A Treatise on the Nature and Treatment of Seminal Diseases, Impotency, and other kindred affections: with practical directions for the management and removal of the cause producing them: together with Hints to Young Men. Illustrated by numerous engravings. By Homer Bostwick, Surgeon. Second edition. New York: Burgess, Stringer & Co., 1848: pp. 251, 12mo. 158

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THE
AMERICAN JOURNAL
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FOR JANUARY 1849.

ART. I.—*Ligature of the Left Subclavian Artery for Subclavian Aneurism; with a Remarkable Deviation of the Vessel and Consequent Change of its Relations.* By J. MASON WARREN, M. D., one of the Surgeons of the Massachusetts General Hospital.

THE great novelty attending the ligature of the larger arterial trunks, and of the subclavian in particular, gives interest and importance to any case of operation on those vessels. In the latter this interest is increased by its deep situation, causing in many cases a great difficulty of reaching it, and by the importance of the organs in its immediate neighbourhood. According to the valuable tables furnished by Dr. Norris, in some former numbers of this Journal, out of 69 cases of ligature of the subclavian artery, 36 recovered, and 33 died, or nearly one-half. In operations on the iliac arteries, out of 118 cases, 85 recovered, and 33 died. From 38 cases of operation on the carotid artery for aneurism, 22 recovered, and 16 died. In every instance where it has been necessary to place a ligature on the subclavian artery on the tracheal side of the scaleni muscles, the result has been fatal.

The case which I propose at present to relate, offers some peculiar points of interest, apart from the general one of the ligature of the vessel. Among the principal of these may be mentioned the fact of a ligature having been applied to the artery for an aneurismal tumour situated above the clavicle, being, so far as I am aware, the first case of this kind that has had a successful result, because the recorded aneurismal tumours in that situation have required the application of a ligature within the scaleni, and the termination, as stated above, has been unfavourable. *Secondly*, the anatomical peculiarities in the relations of the vessel, to which may be attributed the possibility of the ligature on the outside of the scaleni. *Thirdly*, the rapidity with which the collateral circulation was restored,

the pulse having been felt at the wrist twenty-four hours after the operation. *Finally*, the length of time the ligature remained attached, *ninety-six days*, notwithstanding all safe means were made use of to detach it.

Without further prelude I shall proceed to the description of the case.

Miss A., thirty years of age, of delicate constitution, had a congenital club-foot of the worst kind, and, in consequence, a double curvature of the spine. For the former of these she was treated eight or ten years since by Dr. Brown at his infirmary, and the foot after the section of the tendons, followed by the appropriate treatment, was completely brought into its natural position, so that she was enabled to walk with ease, without the aid of any mechanical support. The curvature of the spine was submitted to a similar treatment with the same successful result.

At the request of Dr. Brown, she consulted me in the early part of Dec., 1847, for an aneurismal tumour situated just above the scapular end of the clavicle, about the size of a pigeon's egg, of which she gave the following history :

Four months previous, while in attendance on a sick brother, she had occasion to draw the cork from a bottle, and felt at the moment a sudden crack at the point where the present tumour is situated. Her attention was not attracted to it at the moment, but a short time afterwards a small swelling having a decided pulsation, was distinguished at that spot, which has gone on increasing until it has attained its present size. It had a powerful pulsation, and possessed the usual thrill characteristic of an aneurismal affection.

After having examined the tumour and learned its history, I endeavoured to discover the subclavian artery in its normal situation beneath the clavicle, at the point where it passes over the first rib. To my surprise no large vessel or any osseous protuberance answering to the tubercle of the first rib, usually taken as the guide to the artery in this position, could be found. Different parts of the neck were then explored, which finally led to the discovery of a large artery passing obliquely upwards, parallel to, and about an inch removed from, the external border of the trapezius muscle. Compression being made at this point, the pulsations of the tumour ceased, as well as the pulse at the wrist. There was no question, therefore, in my mind that this was the subclavian artery, but it was more difficult to determine this remarkable anomaly.

I now sought for the first rib, and to my surprise discovered both the first and a part of the second rib passing obliquely across the neck above the clavicle. The insertion of the scalenus anticus muscle into the first rib, was at length distinguished; the tubercle, however, was not sufficiently developed to be manifest to the touch. The whole osseous system of the chest in this case seemed to have undergone a partial displacement. The spine and ribs attached had been, as it were, moved upwards; while the sternum was carried in an opposite direction.

Making a strong compression on the vessel above the tumour, the arm became extremely painful with a sensation of numbness, and on a subsequent and more careful examination the whole brachial plexus of nerves could be discriminated, in immediate contact with the artery.

As the tumour was rapidly increasing, it was evident, that, considering its situation and the great danger of delay, no time was to be lost, if any surgical operation was to be resorted to for its relief.

The patient, a person of much fortitude and force of character, agreed at once to the course advised. The operation was performed, on Dec. 24th, in the presence of Dr. J. C. Warren, Dr. Brown, Dr. Buckminster Brown, Dr. Bartlett, of Roxbury, Dr. Morland and Dr. Slade.

An incision, about two inches long, was made, extending from near the outer and upper edge of the sterno-mastoid muscle downwards, in the direction of the scapulo-clavicular articulation, and an inch from the edge of the trapezius muscle, the pulsations of the vessel being the principal guide, as the other anatomical marks were wanting. This incision divided the skin and superficial fascia; a second cut opened one of the branches of an artery given off from the thyroid axis, which was tied. A nervous band of some size was now encountered, and at its side and directly over the artery a large vein, apparently the external jugular. The vein was carried to the upper part of the wound with a silver hook, and the nerve to the lower; the dragging upon the latter caused a disagreeable and somewhat painful sensation in the arm.

The sheath of the vessel was next opened, the cellular membrane around it cleared away, and the aneurism needle, unarmed, passed from below upwards, on account of the difficulty of introducing it in the contrary direction from the interference of the scalenus anticus, which had its insertion just below. The needle at once encountered and raised the lower nerve of the brachial plexus, which was in the most intimate contact with the artery. By depressing the handle, and urging the point forwards, with careful manipulation the eye of the needle was without difficulty brought out between these two organs. The instrument was now threaded with the ligature and withdrawn. Careful exploration being made to ascertain if any nerve was included in the ligature, the painful sensations in the arm caused by drawing the ligature downwards at first led to the supposition that this might be the case. But when the same traction was made directly upwards, no pain was felt; the former sensations being produced by the dragging on the cervical portion of the brachial plexus, owing to their connection with the vessel.

The ligature was now tied, and the wound dressed. The pulsations in the aneurismal sac, as well as those of the radial artery at the wrist, at once ceased, and all appearance of the tumour vanished. The patient's arm and hand were a little cold directly after the operation, but being rolled in flannel they soon regained their natural temperature.

25th.—Found her quite comfortable. She had passed a quiet night.

26th.—The patient states, that the pulse at the left wrist returned for a time last evening, it then disappeared, but returned again, though faintly, this morning. I could not discover it at the time of my visit.

27th.—She has been somewhat troubled by occasional pains in the arm: The pulse was felt yesterday once or twice by Dr. Buckminster Brown, being intermittent. The wound has healed by the first intention. She has suffered occasionally from palpitation of the heart.

29th.—The pulse was perceived, though feebly, at the wrist, but could not be detected in the axilla. The spot formerly occupied by the aneurismal tumour, now presents an obvious depression.

Jan. 2d, 1848.—The pulse is constant at the wrist.

14th.—The ligature still remains on the artery, notwithstanding the traction daily made by the patient in accordance with my directions. A number of large vessels, taking their origin from the subclavian, exist in different parts of the neck. One of these, apparently the supra-scapular, passes directly over the sac, and pulsates so strongly as at first to convey the impression of a return of pulsation in the aneurismal tumour.

March 30th.—Once or twice in the course of the last two or three weeks, finding that the ligature on the vessel was not disposed to become detached, I have seized it with the forceps, and, holding the artery forcibly down on the rib, have twisted the thread with considerable force. This was done for the third time yesterday, and immediately afterwards the ligature separated, *ninety-six* days after the operation.

The wound almost at once closed.

I saw this patient on Sept. 14th for the last time. At that period she was quite well, had recovered the use of her arm, and was in no way incommoded by the operation, to which she had submitted. The aneurismal tumour had in a great measure disappeared; but it still conveys the impression of containing a fluid. Directly on its surface, and incorporated with it, is a very large arterial trunk, supposed, as above stated, to be the supra-scapular. This vessel pulsates powerfully, and at first gives an appearance of pulsation to the tumour; but by careful manipulation can be separated from it. The pulse at the wrist still remained a little less strong than in the corresponding artery of the other side.

Boston, Nov. 1848.

To those persons who may have noticed a case of ligature of both carotids, in the April number of this Journal for 1846, an account of the state of this patient after the lapse of three years may not be without interest.

The object of this operation, it may be remembered, was to allow of the excision of a fungous tumour occupying nearly the whole of the lower lip, and based on an erectile tissue pervading the tongue, face, neck and chest. This tissue was rapidly increasing, and it was hoped that its growth might be arrested by thus cutting off the direct supply of blood to it.

The arteries were tied in the latter part of the year 1845, and the tumour of the lip was then excised without the occurrence of any alarming hemorrhage.

This patient I have had an opportunity of seeing within a few months, and of making some observations on the state of the circulation in those parts about the face and neck supplied by the carotids.

The situation of the temporal arteries being explored, no appearance of pulsation could be discovered in those vessels. The same was found to be the case in regard to the labial arteries. The angular arteries, where they inosculate with the nasal branch of the ophthalmic, gave the faintest pulsatory motion.

In the region of the neck were a number of large vessels having their origin from the subclavian, among which the supra-scapular was chiefly to be distinguished.

The lip was rather more full in appearance than when the report of the case was made, but free from ulceration.

The functions of the brain had not in any way been disturbed.

ART. II.—*On the Advantages of Simple Dressings in Surgery.* By EDWARD R. SQUIBB, M.D., Assistant Surgeon U. S. N. (Communicated by THOMAS HARRIS, M. D., Chief Bureau Med. and Surg.)

SIR:—A desire for the farther promulgation of some facts already known to many, induces me to ask the attention of the profession, through you, to the advantages of simple dressings in surgery.

Minor surgery is the every day occupation of almost every surgeon's life, and its importance therefore needs no supporting argument, especially when a successful avoidance of major surgery has become evidence of skill.

During a very few years' experience in this every-day surgery, some principles and facts have been learned, and some deductions drawn, all of which verify the maxim extended from midwifery, that "meddlesome surgery is bad;" and much of each day's accumulating experience points to the yet farther extension of the same maxim to the remaining department of our science, Medicine.

The light and simple dressings so ably advocated by Liston and others, are rapidly being substituted for the heavy, complicated bandages, poultices, and ointments, of former treatment; but their application as thus advocated is mainly to the cases of gravity which alone occupy the attention of such men, so that, as yet, a corresponding advancement does not appear

to have been made in the treatment of that class of cases so much the more numerous, and possibly more important.

It is, then, to the advantages of dressings always light, and generally of water alone, that I wish to add my testimony; having in chief object, also, to deprecate the use of all greasy and of most mucilaginous applications in the treatment of simple, indolent or inflammatory sores, and a great majority of those of specific character.

Some comparative observations indicate that many sores which have become indolent, irritable or otherwise intractable, have been rendered so by treatment; and that a variation of the dressing, in favour of the simple plan, would have, in most cases, prevented this depravation.

In the wounds and injuries resulting from the ordinary accidents occurring under my charge, as well as in phlegmon and other superficial inflammations, the following treatment has generally been adopted.

The part is placed in a position of relaxation and perfect rest: and one that can be maintained without weariness is always sought. The divided surface, if separated, or having a tendency to separation, are brought into contact, preferably, by one or more stitches, not too lightly drawn. If the injury is very painful, a single layer or fold of patent lint is made to hold as much cold water as possible without dripping, and is laid over the part, exceeding, by two or three inches, the size of the injured surface. Cold water to supply the loss by evaporation, is periodically poured upon the lint, from a spoon, during the continuance of severe pain; the mind being as far as possible abstracted from the injury, by whatever means. Thus managed, the pain commonly abates in a few hours, when the constant application of the water may be abandoned, and a piece of oiled silk exceeding the lint in size, placed over it. If the wound be upon a limb, a single turn of bandage secures the dressing. At the expiration of six or eight hours, the oiled silk alone is raised, and the evaporated water replaced. This supplying of the waste by evaporation is continued until the covered portion of the surface assumes a white corrugated appearance. This white corrugated appearance of surface is usually produced within forty-eight hours, and as far as my observation extends, is quite incompatible with inflammation or much pain; tenderness of the part, with increase of size from effusion, alone remaining. When this corrugation is fully established, the wet lint is replaced by a similar dry piece, the oiled silk omitted, and a single turn of a roller again fixes this protective dressing. Rest in the fixed position is still maintained for a time varying with the gravity of the wound, and the remaining tenderness, or exposed position of the part.

The substitution of a state of perfect bodily rest for active exercise always tends to constipation, and therefore an aperient is often given within twenty-four hours after the commencement of the treatment, the effect of which is also beneficially counter-irritant.

The character of the union obtained under this management, is commonly that of simple adhesion, or at least something short of the ordinary first intention, as no marked inflammatory process can be detected.

When suppuration occurs under this treatment, it is commonly simple in character, and of short duration, only requiring, in modification, that the fold of wet lint should be changed on becoming soiled or saturated with pus, and the dressing continued during active suppuration.

It frequently happens that slight wounds of the extremities are not considered of sufficient importance to require attention, and become, through neglect, and the irritation of motion and foreign contact, much inflamed, swollen, ulcerated and very painful. In such, the same management has afforded the same satisfactory results, even under the depravation of system induced by the peculiarities of a sailor's life.

In connection with this class of cases, one circumstance is worthy of remark:—namely, that the application of water dressings to suppurating surfaces, continued too long, frequently protracts the suppuration. The color and corrugation of the surface, with the full granulation of the part, are guides in the use of the dressing.

Should active suppuration continue intractable, an alternation of wet and dry dressings for periods of twenty-four hours will often prove beneficial.

The farther continuance of indolent ulceration, from local causes, has as yet never failed to yield, when a drop or two of strong solution of some bitter astringent vegetable extract as quassia, gentian, cinchona, or of tannin itself, or of nitrate of silver, has been applied to the ulcerating surface at each renewal of the water dressing.

In one case of very indolent chronic ulceration, a single drop of tincture of cantharides was so applied at three successive dressings, and was followed by improvement and recovery.

A solution of one scruple of nitrate of silver in half a fluid ounce of water appears best adapted to common use, in consequence of its free and perfect solubility, and the facility with which it is kept ready for use. It is best applied from the point of a camel's hair pencil.

The water, in these dressings, may be applied at any bearable temperature above 55° F. in accordance with the purpose to be subserved, or the sensibilities of the surface—by general rule, the lower temperatures to the higher and more active grades of inflammation.

I have not known the pain of a recent injury to be increased by the application of water, the temperature of which was not below 60°, although when below 50° it has frequently increased pain.

Practically, these dressings may be positively termed warm or cold as they are maintained at a temperature above or below that of the surface to which they are applied; and such temperature can only be maintained by frequent renewal of the dressing.

As commonly required and used, however, they can be properly termed neither cold nor warm; for although applied at a temperature differing from that of the surface, they are quickly varied by the contact, and soon acquire the same temperature.

Hence, in description, as I have constantly done in practice, I would specify three varieties of simple dressing.—*First*, water dressing, in which the dressing, at whatever temperature applied, soon acquires that of the surface, and is only renewed as evaporation or cleanliness requires such renewal.

This variety fulfils all the indications to common use in a great majority of cases.

Second.—Cold water dressing, in which an uncovered fold of lint is maintained at a temperature below that of the surface by frequent immersion in cold water, and by evaporation.

The application of this variety is not so general, being chiefly confined to very recent wounds and injuries when active inflammation is to be prevented rather than remedied, and where immediate union may be expected.

Third.—Warm water dressing, wherein a temperature above that of the surface is maintained by the application of a pledget of lint frequently immersed in warm water, evaporation being restrained by an impervious covering. When the surface is unbroken, this dressing is best made with flannel, the limited conducting power of which better adapts it to retain the heat.

Such dressing perfectly subserves all the indications to simple fomentation, and will commonly afford speedy relief in the pain and tension of established active inflammation.

These modes of dressing have been very generally used by me for nearly four years, and have proved more satisfactory in result than the Elm, Flaxseed, crumb of bread, meal, and other poultices which were used previously to, and coincidently with them. They have also, in great measure, been substituted for the long list of ointments and plasters in common use, with evident advantage in many cases.

The collateral advantages of these dressings are simplicity, cleanliness, lightness, cheapness, facility of application and renewal, and that their elements are always at hand.

In conclusion, difference of climate and temperature has in no degree affected my high estimation of this method of treating wounds, injuries and superficial inflammations, having used it in all latitudes between 40° north and 35° south.

U. S. Brig Perry, off Rio de Janeiro,
. Aug. 11th, 1848.

ART. III.—*A new Treatment of Catarrh.* By JOHN A. LOCKWOOD, M. D.,
Surgeon U. S. Navy.

For nearly a year I have pursued a plan of treatment in catarrh, which, in numerous instances, unfailingly relieved its initial symptoms almost immediately. It is adapted to its earliest stages, when the mucous lining of the nasal cavities is dry, tumid and red, accompanied with a feeling of heat, fulness, and itching of the part.

The remedy consists in the application of a solution of nitrate of silver to the Schneiderian membrane. It is best applied with a camel's hair pencil. The strength of the solution should not be less than eight grains of the salt to one ounce of the distilled water. I ordinarily employ a solution somewhat stronger—ten grains to the ounce.

The application is not painful, nor even disagreeable. Its immediate effect is to excite a copious serous effusion, which continues for some minutes. After this the nostrils are freed from the previous impediment to the passage of the breath through them, when the sensation of relief becomes at once manifest. With the subsidence of the local swelling, the general heaviness and *malaise* disappear. For some minutes, the inhalation of cold air communicates to the mucous lining of the nose a feeling of rawness. This, however, is of short duration, after which, unless the inflammation has extended beyond the Schneiderian membrane, the cure is complete.

To accomplish a radical cure, the solution should be applied at the very commencement of the attack. When the inflammation has extended to the pharynx, &c., it is no longer practicable to subject all the parts affected to a treatment which is mainly local. I have, however, applied the remedy in many cases where the disease had made several days' progress. Then, although no expectations were entertained of removing any symptoms of bronchial irritation which might have supervened, the relief to the head was always satisfactory, by the liberty it afforded to the passage of air through the nostrils.

M. Deschamps, in the *Gazette des Hôpitaux* for October 1847, recommends snuffing up the nostrils every two hours a solution of opium in water, as an effectual cure for coryza. This method I have not tried. Before reading an account of it, I had for several months employed the solution of nitrate of silver with such happy results, that I was indisposed to seek for any better plan. The insufflation of ardent spirits will often check an incipient catarrh, but the remedy is unpleasant and painful.

ART. IV.—*A Case of Congenital Encysted Tumour, on the right side of the Chest, successfully treated with the Seton.* By S. D. GROSS, M. D., Professor of Surgery in the Medical Department of the University of Louisville.

ON the 17th of February, 1847, Mr. Radcliff, of Paducah, Kentucky, consulted me on account of a large tumour, occupying the right side of the chest of his infant, a boy three weeks old. The child was well grown, remarkably hairy, and of a dark complexion. His health in other respects was excellent; the tumour, which existed at birth, was of a globular shape, and was six inches in the vertical direction by seven and a quarter in the transverse. Its circumference at the base was thirteen inches. Reaching to within an inch and a half of the sternum in front and the spine behind, it extended, on the one hand, as low down as the tenth rib, and, on the other, as high up as the axilla, pushing the corresponding arm out at a right angle with the trunk. The skin of the axilla was red and chafed, from the friction of the limb. The tumour was soft, elastic, fluctuating, and translucent, like a hydrocele; its surface was somewhat lobulated, of a bluish color, and traversed by large veins; the skin was perfectly sound, and the part was entirely free from pain. Whenever the child cried, the tumour was rendered remarkably tense, from the expansion of the chest.

The tumour had not interfered with the birth of the child, and had increased but little since it was first noticed. On puncturing it at two points with a cataract needle, a yellow serum issued.

The true character of the case being thus ascertained, and not wishing to employ at once any means of permanent cure, I punctured the tumour on the same day with a small trocar, and drew off, in a full stream, seven ounces of serum, of the color of Madeira wine. It was saline in its taste, ropy and coagulable by heat. Only about two-thirds of the fluid were evacuated. The puncture was closed with adhesive plaster.

No unpleasant symptoms followed the operation. At the end of the third day, the sac was soft, flabby, and only ten inches in circumference. The trocar was again introduced, and the remainder of the fluid, six ounces in quantity, and of a light reddish color, removed. The walls of the collapsed cyst were brought into contact by a graduated compress, confined by a roller. The child slept well the night after the operation, and the next day there was no discoloration, pain, or tenderness.

On the 24th of February, that is, four days after the second operation, the dressing was removed, and the sac found much shrunken. Some accumulation, however, had again taken place, and I therefore determined, after evacuating the sac, to introduce a seton. This was composed of a few silk threads, and was inserted in the same manner as in the operation

for hydrocele, the interval between the two openings being about two inches and a half.

The presence of the foreign body was soon followed by severe inflammation. The child became excessively restless, and the tumour, red, hot, and tender on pressure, rapidly increased in size. In consequence of these symptoms the seton was withdrawn at the end of forty-eight hours. The suffering, nevertheless, continued without any manifest abatement for three days longer, notwithstanding the use of laxatives and saturnine fomentations with opium. On one occasion, indeed, the little patient had quite a severe convulsion. As the inflammation subsided, a free discharge of matter took place, and lasted upwards of a week, accompanied with great emaciation and debility. Gradually, however, all the bad symptoms disappeared; appetite and sleep returned; the tumour steadily decreased in violence under the influence of the saturnine applications; and finally, at the expiration of a month, nothing remained at the site of the disease except a slight hardness.

I saw my little patient again last May, nearly fifteen months after the operation, and was happy to find that the cure remained perfect.

ART. V.—*Case of Gun-shot Wound of the Chest.* By A. M. BLANTON, M. D., of Frankfort, Kentucky.

ED. CAHILL, æt. about 40, a large muscular man of 180 pounds weight, private in Capt. Turpin's Company, 2d Regt. Kentucky Infantry, was wounded on the 23d Feb. 1847, at the battle of Buena Vista, in the left breast, under the middle point of the clavicle, by a large shot—his companions say grape shot, as they were too far distant for musketry to take effect, and as they noticed the discharge of a Mexican cannon simultaneously with his falling.

The ball entered between the second and third ribs, cutting the inferior edge of the former and the superior of the latter, passed through the lungs, again through the ribs ranging horizontally, and lodged, as there is every reason to believe, under the scapula.

He was borne off the field in a collapsed condition, blood and air rushing copiously from the dreadful wound, and was placed against a wall in an upright position, it being discovered that he was threatened with suffocation when his body was at all inclined horizontally.

He was carried to Saltillo the same night, and placed in the cathedral, used as a temporary hospital, where I found him on the 26th in the position above named; breathing short and difficult; unable to pronounce three words without pausing; having a constant troublesome cough with bloody

expectoration; not much pain about the wound, which discharges in twenty-four hours from a pint to a quart of blood and bloody serum; air also was rushing through the orifice at each act of respiration. His skin was cool and moist; pulse 100 and weak; countenance blanched and anxious. When he was struck his left arm was elevated so that the relative position of the great pectoral muscle with the hole between the ribs was altered when the arm was permitted to fall, and the opening into the chest was valvular. By raising the arm to a level with the clavicle, the wounds in the muscle and between the ribs were made to correspond, and presented an opening into the chest one inch in diameter. I attempted to probe the wound, but every time the instrument was inserted he would faint and compel me to desist; pieces of torn lung were forced through the opening by the efforts of coughing and by the discharges of blood.

He had been kept as quiet as possible since the injury was received, had eaten scarcely anything, and taken no medicine save a laxative and opiate.

A large piece of lint was kept over the wound, and below were placed large cloths to receive the discharges. He was put on a mattress; one half of which was placed upright against a wall; a half cup of tea and a small piece of stale bread were allowed three times a day, and he was kept nauseated six hours in twenty-four by powders of ipecac. and calomel; and each night took $\frac{1}{2}$ gr. of morphia to enable him to sleep.

March 1st. Has been doing very well; inclination to fever has been checked by extreme abstinence and nauseants. But little pure blood expectorated or thrown out of the wound, which is almost free of its slough and disposed to suppurate.

4th. Can hear the air escaping through the wound at ten paces, when he coughs; discharge is sero-purulent and of offensive odour, amounting to at least a pint in twenty-four hours. Has pleurisy, which is disappearing under the use of almost complete starvation, nauseants, mercury and opiates; the last named always necessary to procure sleep. He also takes every other day a dose of castor oil. Pulse is 100 and weak; surface pale and cool. The wound externally is clean; attempted to examine it with a probe, but he fainted as before, not from pain, but from a peculiar tickling sensation, as he expressed it.

I had the arm elevated, and picked away several spiculæ of bone from the ribs, and then exposing the chest to a very strong light, *saw entirely through the cavity, a rib posteriorly white and denuded.* He complains of a dull heavy and constant pain under the scapula and about the shoulder.

25th. Nothing of much interest has occurred; has had pleurisy several times, which was relieved directly by the before-mentioned remedies, and as many times after a little exertion has coughed up several mouthfuls of blood. The wound has contracted to the size of a dime; discharges about $\frac{3}{4}$ daily and permits the escape of air, with a whistling

sound. He can sleep with his body depressed to an angle of thirty degrees.

April 10th. Discharge nearly ceased; wound round and a quarter of inch in diameter; air escapes when he coughs; still restricted to a very spare diet; for two weeks has taken no medicine, except several laxatives and opiates; walks several hundred yards during the day.

May 1st. Has been allowed for ten days, a liberal diet; wound closed; a very little air escaped several days since. Still complained of pain in the shoulder and weakness of the corresponding arm; has fattened; can lie down; appetite and digestion good; goes through the city, walking several miles a day; when he takes severe exercise, has some difficulty of breathing. Discharged from the hospital.

In June, Cahill came to the United States, a hearty, robust looking man, of one hundred and eighty pounds weight, and I had not heard any particulars about him since, until in July, when I was told he had died, and that an examination had been made of his body. Feeling a great interest in his case, a friend was requested to furnish me a description of the appearances his body presented, and in a few days sent the following letter:—

“Winchester, Ky., Aug. 16th, 1848.

“DEAR SIR:—I am sorry that I am not able to give you a more minute history of Cahill’s case.

“I saw him only once during his last illness, and only a few times since his return from Mexico.

“When he first came home he was as healthy and robust a looking man as I ever saw; he weighed at that time (June 1847), I have no doubt, two hundred pounds; but Dr. Duncan, his physician, told me that he had frequent attacks of hæmoptysis; and that he started frequently out of his sleep, saying that he felt as if he was suffocating.

“He was taken sick about three weeks before his death, with every symptom of inflammation of the stomach he had a feeling of weakness, as he expressed it, in his breast.

“He has been living since his return at a tavern in the capacity of a bar-keeper, and I have been told that he was quite intemperate.

“On opening the chest it was discovered that the left lung was completely atrophied, not being larger than your hand, and of a dark livid colour, and there were dense organized bands crossing the cavity in various directions, which had to be cut before the ball could be found.

“When discovered it was between the spinal column and end of the fifth rib, which was detached from the back-bone and fractured an inch from its extremity; the fractured portion was forced out of its place so as to form a resting place between the adjoining ribs and spine for the ball. The ball was made of a metal resembling the metal of which bells are made, and weighed four ounces and five grs.; there was with the ball a brass button, weighing nearly two drachms, both of which were almost covered with a thick membrane, and also within the same sac there was a considerable quantity of exfoliated bone; those portions of the back-bone and ribs which were near the ball were entirely denuded.

"The pericardium was entirely agglutinated to the heart, the right side of which was somewhat atrophied. The right lung had morbid attachments between the pleura pulmonalis and costalis, and also to the diaphragm; it was of a lighter colour and softer than natural.

"A. M. BLANTON M. D.
Frankfort, Ky. }

Very respectfully,
A. S. ALLEN, M.D."

ART. VI.—*Extracts from the Records of the Boston Society for Medical Improvement.* By SAMUEL PARKMAN, M. D., Secretary.

Membranous Croup, treated by Cauterization of the Fauces and Larynx with Nitrate of Silver.—Dr. Clark had treated five cases in this way: three had recovered—two had died.

Aug. 14.—CASE I.—A boy two and a half years of age, who had been ill two or three days, and had had croupy respiration for thirty-six hours before he was seen. Cauterization was practised with some alleviation of suffering, but death ensued on the third day.

CASE II.—A girl five years of age and of scrofulous diathesis. The croupy respiration was well marked, and had been present more than twenty-four hours. Cauterization was employed and much false membrane was expectorated at various intervals. Considerable relief was obtained in this way; but the child died on the fourth day, with symptoms of exhaustion rather than of suffocation.

CASE III.—A delicate girl of three and a half years, who had sore throat with hoarseness. False membranes existed in patches on the tonsils, &c.; cauterization was employed. Croupy respiration, however, came on the next evening, but it was relieved in twelve hours, by the expectoration of small fragments of false membrane streaked with blood. The paroxysms of dyspnœa returned several times, being terminated in the same way, and the patient ultimately recovered, although the voice was not wholly restored for three weeks.

CASE IV.—A child of four years. The symptoms in this case were not very severe, although quite distinct. The croupy breathing had continued without remission for twelve hours—false membranes were remarked in the throat. The treatment here was followed by gradual and speedy recovery, without the expulsion of any large amount of false membrane.

CASE V.—The patient, a healthy girl of six years, was seen early in the disease, which lasted a fortnight. She had at first a sore throat and a febrile attack which disappeared the second day. The only symptom which persisted was a slight and increasing hoarseness, and patches of lymph were to be seen on the tonsils and spreading thence back toward the larynx. These increased until the whole throat was invested with a coating of the lymph and the croupy respiration had supervened. The caustic was regularly applied from the beginning, and the expectoration of the membrane began almost as soon as the breathing became much embarrassed. The paroxysms of distress and the intervals of relief followed each other in this way for nearly three days, when the respiration slowly assumed its natural character. The voice could not be raised above a whisper for several days later.

No medicine but Dover's powder was given, and this was repeated often enough to keep the patient constantly under its influence. The caustic was of the strength of xl grs. to ʒj of water, and was used with the small curved probang. The expectorated membranes were exhibited.

Aug. 28.—Dysentery, peculiar Post-mortem Appearances.—Dr. Jackson reported a case of this disease that had occurred in the practice of Dr. Homans. The patient was a child six years of age, and died on the fourth day of the disease. The case was remarkable for the amount of retching that existed, and for the character of the discharges; these last were very frequent, more or less bilious, and contained very little blood, but masses of a substance that must have been lymph, though it was supposed during life to consist of some undigested farinaceous food. On dissection, the whole of the large intestine, to within an inch of the cæcal valve, was found to be lined by a whitish curdy exudation, beneath which the mucous surface was of a deep cranberry red colour; no ulceration; solitary glands somewhat developed, and muscular coat thickened as usual. The small intestine was not affected; but in another case that has recently occurred in a still younger child, Dr. J. found redness with an effusion of lymph, not merely upon the mucous membrane of the lower portion of the ileum, but upon some of Peyer's glands; the large intestine being diseased essentially as in the above case. Dr. J. alluded to a specimen in the Society's Cabinet that shows the same form of inflammation of Peyer's glands in dysentery; and with regard to the effusion of lymph generally, he seemed disposed to consider it as characteristic of the disease in children, though as by no means confined to them.

Observations on Dysentery.—Dr. Fisher, from a long observation, thought the following laws were established in the disease, and desired to call the attention of gentlemen to their investigation. 1st. The true dysenteric symptoms are preceded by a preparatory period during which

there is more or less diarrhœa, &c. &c. 2d. The dysenteric stage seems to obey a law of duration, no case terminating in less than eight days. 3d. The disease does not occur a second time in the same individual. On this point Dr. F. had found his experience confirmed by inquiries made among a number of practitioners in this city. 4th. Treatment had little influence to arrest the disease. 5th. As regards contagion, Dr. F. had observed the following facts. A child and its mother died of dysentery three years since at Dorchester; the child's aunt came from West Roxbury and grandmother from Providence, R. I., to nurse these two in their illness. After their return to their respective homes, they were both attacked with the disease; in the family of the aunt, it was communicated to the husband, two children and a servant; and in the family of the grandmother, to a daughter and two or three others.

Sept. 25.—*Whortleberry Seeds considered as specimens of Hemp-Seed Urinary Calculi.*—Dr. Jackson exhibited a quantity of whortleberry seeds that were said to have been passed from the urinary bladder, and had been regarded as hemp-seed calculi. The fact in the case was proved by the most thorough examination. The patient was a lady, thirty years of age, and "in point of morals, &c., above suspicion;" she was suffering at the time from anasarca. Dr. J. also referred to a second case, that had recently occurred in this city, and where the same kind of seed appeared to have been used; the patient here also was a female, and probably above suspicion.

Laryngitis—Tracheotomy.—Death from Bronchitis and Pulmonary Congestion.—Dr. J. B. S. JACKSON exhibited the larynx and upper portion of a trachea taken from a patient under the care of Dr. Townsend at the hospital, showing great redness of the mucous membrane, with infiltration of pus in the submucous cellular narrowing the rima glottidis. Dr. J. exhibited the plate from Cruveilhier's *Morbid Anatomy* descriptive of this affection, and the comparison showed the closest resemblance. The history of the case was as follows: A stout, plethoric man in the hospital with fracture of the forearm, complained of sore throat, which was prevalent in the ward, with a tendency to erysipelas, in consequence of which he was removed to another room. The next day he was suddenly attacked with urgent dyspnœa, which increased with such great rapidity and with so much edematous swelling of the neck externally, that tracheotomy was at once decided upon. The operation was much embarrassed by the remarkable shortness of the patient's neck and the edematous infiltration. During its performance the dyspnœa was aggravated to such a degree as to threaten immediate suffocation; and the trachea was punctured with a flat trocar, and the opening enlarged with a probe-pointed bistoury. A very considerable quantity of blood escaped into the air-passages. But after the intro-

duction of a canula, the patient rallied. The next day he was quite comfortable walking about his room. But the second day after the operation, he was again attacked with dyspnœa and died after three hours. The mucous membrane lining all the air passages was found of a vivid redness, and the lungs choked with a frothy serum.

Anomalous Tumour in the Abdomen.—Dr. JACKSON had seen a case lately that seemed to him particularly obscure. The patient was a young married woman, perfectly healthy in appearance, and had been aware of the existence of the disease for some months. All of the functions were most carefully investigated; but nothing could be discovered to explain the case. The tumour was situated in the right side of the abdomen, below the liver; and was of a regular, rounded or somewhat flattened form, about the size of an orange; solid to the feel, and slightly tender on pressure; it was about as movable as a loose cartilage in the knee-joint, disappearing entirely under the cartilages of the ribs when the patient reclined on her back, and falling out at once as she turned toward the left side. Some years ago Dr. J. met with a case that resembled the above in every particular, except that the general health was rather delicate; he followed it for some time, but no change ever occurred, or anything to explain its nature. One of his friends, to whom Dr. J. mentioned these two cases, had also seen one that was very similar. The patient is a lady, now about sixty-nine-years of age, and subject to dyspepsia; but to no especial symptoms that can be referred to the tumour; this was first noticed in the year 1819, soon after a miscarriage at the seventh month, and it has continued to be felt from time to time since then; though for the last two years it has not been examined; it is not tender, and as to size, it may sometimes be perceived through the dress; but in regard to situation and mobility, it corresponds perfectly with the above cases.

Excision of the Elbow-joint.—Dr. H. J. BIGELOW exhibited the pieces removed, consisting of three inches of the humerus, a like length of the ulna, and the head of the radius above the biceps insertion. The joint had been diseased about eighteen months, with fistulous openings, at the bottom of which dead bone was detected by the probe. The patient had some cough, with the physical signs of induration at the apex of one lung, and some constitutional symptoms, as emaciation, &c. The operation was performed two days since, and thus far the patient is doing well.

Oct. 9.—*Ligature of the Internal Iliac Artery, for a Traumatic Aneurism of the Gluteal.*—Dr. H. J. BIGELOW. A middle aged Irish woman was stabbed in the right buttock by her husband, on the evening of the 4th of July last. By the evidence of the physician, who was called, a very large quantity of blood was lost. But the bleeding ceased under compres-

sion, and the woman was enabled to resume her usual occupations. Three or four weeks subsequently there appeared a numbness and weakness of the extremity of the wounded side, and soon after a small tumour was observed in the situation of the cicatrix of the wound. On her entrance into the hospital in September, there was a tumour over the upper part of the ischiatic notch, about the size of a lady's apple, with an unequivocal though not strong pulsation, and a very marked souffle. The tumour extended into the pelvis, and could be felt both per vaginam and per rectum. No doubt could be entertained of the character of the tumour. Taking into view the fact that the wound of the artery must necessarily have been directly at the ischiatic notch, rendering the possibility of discerning it there a matter of great doubt, it was decided to tie the internal iliac. During her residence at the hospital, and previous to the operation, the numbness of the right lower extremity increased, and several large bullæ like those of pemphigus appeared on the same limb. The operation was performed Sept. 30th. The incision was made above and parallel to Poupart's ligament, the peritoneum raised from the iliac fossa; and the artery readily attained. After the application of the ligature the aneurismal symptoms ceased. The patient continued comfortable for two days; when symptoms of peritoneal inflammation commenced, and she died the eighth day after the operation. At the autopsy a considerable quantity of lymph was found in the peritoneal cavity; but adhesion had taken place in the course of the wound. The right os innominatum, which was exhibited with the parts attached, showed, 1st. The ligature around the internal iliac artery just above its division, and a satisfactory clot formed between this spot and the division of the common iliac. 2dly. The wound of the gluteal artery immediately at its emergence from the notch, and the aneurism composed of two portions, one about the size of a pigeon's egg, formed in the cellular tissue; and the other in the substance of the pyriformis muscle, which latter was the portion felt during life on the inside of the pelvis. In both, the blood was firmly coagulated. The sciatic nerve was compressed and flattened on the spine of the ischium.

Oct. 23.—Hydrophobia.—Dr. COALE read the following case occurring recently in his practice.

John Fleming, a hearty full-fed boy, seven years of age, born in England but living in this country for the last four years, was brought to me one day, by his mother, with a slight laceration on the knuckle of the little finger of the left hand. The story was, that an hour before, on his way to school, he threw a stone at a dog under a wagon and it flew out and bit him and returned to lie down again. I saw no reason to do more than give some directions about dressing the hand very simply, and was told a few days after that it was entirely healed. Three weeks after, on Saturday Sept. 30th, his mother sent him to me about 2 P.M., saying he had been

out of sorts for two or three days; and had refused to drink water for twenty-four hours. I at once determined not to favour any play to the imagination which might make this a case of hydrophobia. Looking at the throat I found it swollen somewhat, about the fauces. I asked him to take a drink on pretence of washing out his throat; but he refused it crying. An active cathartic was prescribed, with directions to let me know if he was not better in the morning. I received a message next morning to call, and found him on a little settee in the corner of the room. His look was stupid, skin cool, pulse 80. Tongue as yesterday, a little furred. The powder had acted slightly. His rest had been very slight, and much disturbed. He complained of a little pain at the epigastrium; but nowhere else, though his mother said he had complained of headache also at times. I asked him to wash his mouth out so that I could see it. He took a tablespoonful of water into his hand, and as if violently resisting and yet violently endeavouring, held it about six inches from his mouth; and then suddenly threw it violently against his teeth and swallowed it with a convulsive choking, falling back on the pillow and slightly screaming. After a moment or two he walked across the room to let me look into his mouth. I still resisted the tendency towards calling it hydrophobia, and prescribing pediluvia and aperients left him. The next day he was better, and not knowing at that time the remitting character of the disease, I was relieved of my fears. He swallowed with ease. Walked across the room and seemed livelier. His mother, however, said he had had a troubled night; seeing phantoms; boys looking in at the window, &c. Pulse frequent; no heat of skin; no lessening of bodily strength.

Tuesday, Oct. 10th. Visited him with Dr. Oliver. Symptoms much more unfavourable. Pulse over 100. His skin not hot; eyes suffused and sleepy, or stupid looking. Involuntary shivering. Lying on his back with head thrown back. Phantasms more frequent and distressing. Could sit up without assistance. Attempts to swallow water accompanied with violent spasms, principally opisthotonic, indeed very decidedly so. Upon asking to see his tongue, it was protruded convulsively very far; the eyes being widely opened at the same time. Answered questions naturally; but with an expression of alarm. Picking his bedclothes; taking imaginary worms out of his mouth, and out of the water offered to him; and talking wildly when not spoken to. Pressure at nape caused shrieks and opisthotonos. Bowels had not been moved. Prescribed a very active cathartic; and a blister to the nape. Dr. J. Ware, who saw the patient this day, suggested chloroform. None was at hand, and it was 4 P. M. before I could visit him again. I found that at 2 he had commenced vomiting, and had vomited some three or four times. His countenance expressed great prostration. Extremities cold. Pulse not to be counted. Respiration not hurried. Spasms more frequent, and more easily excited. Much mucous râle. Two dejections involuntarily and unconsciously. Mind always wander-

ing, though recalled for a moment. Attempted to administer chloroform. Much resistance to it. More tractable when his father administered it. At one time I thought him under the influence of it; but his expression was that of a dying child, and I directed it to be discontinued. The most urgent symptom now was debility. Coldness of nose and extremities. Pulse too rapid to count. Sweat on face. Sinking of features. Directed brandy and chloroform every half hour. Administering this caused spasms, but not as much horror of the fluid. On one occasion he remarked he had spilt more than half, and asked for some more. When not aroused he talked much at intervals, and then would lie quiet until a spasm came on. These were increasing and commencing with a general shiver and then affecting the muscles of the back and extensors. They were not very violent; never raised the shoulder from the bed; but consisted simply in stretching the head, neck and the arm out; and stiffening of the trunk. About half past five I had to leave, and asked Dr. Buckminster Brown the favour to watch my patient as long as convenient. He saw him very soon after; found him lying with his eyes wide open; pupils dilated; surface heated, in a profuse sweat. Pulse feeble, fluctuating, 232 in a minute; and just afterwards 208. Every ten minutes the child was seized with a convulsive gasp, and then with a general convulsion; the head being briskly thrown or drawn to the left side and opisthotonos strongly marked. These were immediately produced, or greatly aggravated by the introduction of liquid into the mouth. He appeared to be partially sensible of what was said; would gaze on a spoon offered to him, fixing his eyes glaringly upon it as it approached his mouth, and then taking a small swallow with a convulsive gasp and struggle, was thrown into a spasm, and an expression of great suffering came over his countenance. Symptoms of depressed vitality were marked. Delirium. Dr. B. remained with him one hour and a half, say till 7. At eight I was again with him and found the same appearances; but with greater prostration of strength, and evident symptoms of approaching dissolution. Fanning him produced convulsions. At half past 9 Dr. Brown again saw him, and reports the convulsions not so violent; legs cold to knees. Brandy and water given; but at once rejected from the mouth with frothy matter. A light produced no change on the pupils, which were widely dilated. The face was bedewed with sweat at times. Left him at 11 with the symptoms of debility fast increasing. From this time until death, the spasms were slight but easily excited, and vomiting accompanied them. He died at 2 A. M., Oct. 11th.

Post-mortem examination with Dr. C. E. Ware. All organs of abdomen and chest healthy. Pericardium had a little, say $\frac{1}{2}$ oz. of fluid (clear) in it. Right auricle enormously distended with blood. Spinal column opened. Much venous engorgement; marrow removed from commencement of cauda equina to medulla oblongata; but nothing abnormal observed.

Enormous Ovarian Disease.—Dr. JACKSON had lately examined a case of this disease, remarkable for the size of the tumour. The patient was under the care of Dr. Hayward. She was unmarried, and aged 27 years; her health had been failing for a couple of years; the abdomen had been observed increasing in size within the space of ten months. The catamenia had ceased within three or four months. The only suffering was from distension. She had continued about house till within three days of her death, which was sudden. The right ovary, which was the one diseased, was found almost universally adherent, presenting myriads of cysts, the largest being two-thirds the size of a water pail; two or three the size of an adult head. The contents being more or less glutinous in all; in the largest like thick veal broth; and in some much thinner; in very many like white of egg, and in others like thick glue. The colour of the contents generally more or less red; in some dark red, in others brownish, in very many of a pearly opalescence; and in not a few pellucid. No encephaloid or other malignant appearance. No fat or hair. The uterus externally was normal. The left ovary was two and a half times its natural size, presenting one cyst containing a glairy fluid. The liver and intestines were pushed upwards. The tumour and its contents weighed 89 pounds.

ART. VII.—*Cases of Premature Labour from unusual causes, with Remarks.* By ISAAC G. PORTER, M. D., of New London.

“THE saying of Hippocrates, that acute diseases in pregnant women are mortal, is full of truth when applied to their producing abortion.”—Mons. Jacquemier.

A writer in the *Medico-Chir. Rev.*, Jan. 1847, p. 56, in remarking on the above says: “We suppose our author, here, is alluding to the fact, that before death occurs in acute diseases, the uterus usually casts off the ovum—which has been particularly noticed by Dr. Montgomery and others. * * When acute diseases are not intense enough to produce abortion, the patients are not in a worse condition, for treatment, than women who are not pregnant; but when abortion takes place, before the disease is cured, it is generally fatal.”

The accuracy of these views must be readily conceded, as embodying a general law, subject, however, to exceptions. Abortion, or premature labour, following acute disease, is rather a measure of the violence of that disease, than an active cause of the fatal result, which may ensue. To the disparagement of morals, in our large cities, the facility and safety with which criminal abortions are procured, abundantly show the comparative harmlessness of parting with the ovum, even when produced by the un-

skillful and violent means of the abortionist. In intractable vomiting, during pregnancy, and in other sympathetic or irritative affections, which are sufficiently violent to produce abortion, the safety of the mother is thereby often secured.

CASE I.—The foregoing remarks have especial reference to the case now to be detailed. Before entering upon it, however, a peculiar set of symptoms, occurring anterior to acute disease, will first be mentioned. The patient is twenty-three years of age, of short stature, florid complexion, full habit, and of good general health.—Dec. 1843, being then in the seventh month of the first pregnancy, she was suddenly attacked with indistinctness of vision, and severe headache, with numbness of the right side of the tongue, and of the right arm. Only the half of objects was visible—pulse frequent and irritable; but not full, and corded. Fearing from her full habit an attack of apoplexy, a vein was opened; cold was applied to the head, a mustard pediluvium was ordered, and also an active cathartic. The affection gradually subsided, and on the next day she had merely an ordinary headache.

After a second confinement in Aug. 1845, the same symptoms occurred on the third day, and as, at that time, debility rather than signs of congestion, existed, *tinct. nux vom.* in doses of ten drops was given with evident happy effect, not only on the local symptoms but as a tonic to the stomach.

Substantially the same symptoms occurred in a third pregnancy (Feb. 1847), she being then in the seventh month, and a few weeks prior to the acute attack, soon to be mentioned. They also occur when she is not pregnant, and generally can be traced to sedentary occupation and full diet, and are ordinarily preceded by symptoms of indigestion, though the attack has the suddenness of an electric shock. Four other cases, two of them during gestation, have lately occurred to the writer where these amaurotic symptoms have occurred, in connection, solely, with gastric disturbance, and which have been immediately relieved by emetics in some and cathartics and *tinct. nux vom.* in others. The attack is usually sudden; blindness, either total or partial, is succeeded by headache, and this by numbness of the tongue and arms and nausea. In one case there was facial paralysis. Vomiting, either spontaneous or induced, shows the stomach deranged in its secretions, and filled with crudities. There is no novelty in the idea, that amaurosis may arise from gastric and uterine irritations. Its symptoms, however, occurring in pregnancy, are with some reason generally supposed to depend upon vascular turgescence in the brain, and to indicate free depletion. If attended with sense of fullness in the head, full pulse, and other symptoms of plethora, the treatment is unquestionably correct. To avoid, however, unnecessary resort to the lancet, it is well for the young practitioner to remember the gastric origin of similar symptoms, a point perhaps not fully inculcated in obstetrical writers. Should there be good ground for doubt, in any case, prudence and the best interest of our patients demand that a vein be opened.

April 9th, 1847. At 11 A. M. patient was attacked with violent pain, of a constrictive character, between the shoulder blades, about the sixth and seventh dorsal vertebræ, involving the spine and a space to the left of it, and gradually extending to the region of the stomach, duodenum and liver. Pulse quick, irritable and weak. She had applied mustard paste to the back, before my arrival, had placed her feet in a mustard bath, and

taken a dose of sulph. mag., which, as she thought, operated speedily. Two grains of opium were given and immediately vomited; next, two teaspoonfuls of McMunn's elixir of opium in aromatic infusion, which, being retained a short time, she obtained a few minutes troubled sleep. The pain, however, continued excruciating, and gradually passed to the abdomen and occasionally into the left portion of the epigastrium. Anodyne fomentations and poultices were constantly applied; also cups to the spine, but without any mitigation of suffering.

10th. The patient obtained little or no sleep during the previous night, although one ounce elix. opii was taken, a part of which was vomited. Pain in stomach and bowels extreme; stomach so irritable as to reject almost everything. Calomel gr. x. made into a *hard* pill, with one or two grains ext. tarax. was exhibited and retained.* In three hours it was followed by a dose of castor oil, which was retained until evening, when vomiting having recurred it showed itself on the surface of the matters ejected. Leeches were this day applied to the abdomen, and a blister to the spine. The bowels still remaining confined, the calomel was repeated in the evening, and in the course of the night following, oil croc. tig., but with no effect other than that of increasing the irritability of stomach. Enemas of the most active kind, with and without the intervention of the stomach-tube, were frequently administered. Pulse exceedingly rapid, irritable and thready, and counted with the greatest difficulty; thirst urgent; tongue coated with a brown fur. Countenance, however, though expressive of extreme suffering, never exhibited that death-like expression which in connection with other grave symptoms portends immediate dissolution.

11th. At 9 o'clock A.M., the symptoms remaining the same, the patient was placed in a warm bath. It was grateful, and seemed gradually to soothe the distress. After a lull of an hour, labour pains commenced, and being alternate, were welcomed as a grateful substitute, and resulted at 4 P.M. in the birth of a fœtus of the eighth month. The labour was easy, but respiration in the child was with difficulty established. Symptoms of cyanosis neonatorum soon showed themselves; and it died in eighteen hours after birth. The mother was greatly exhausted after delivery; but was free from pain. In the evening following, the bowels were moved, for the first time, since the hour of the attack, and subsequently more freely. The pulse remained 140 for four or five days, but her recovery was steadily progressive; and at the end of the month, she was in the enjoyment of ordinary health.

Was the foregoing a case of congestion of the spinal marrow, or was it "cramp of the stomach and duodenum" referred to by Churchill and others—or was it a case of internal strangulation of the intestine, which was spontaneously relieved while the patient was in the warm bath? The primary symptoms seemed to have reference to the spine; but in the progress of the case, although no external signs of hernia were discovered,

* The efficacy of this combination, in irritable states of the stomach, especially such as arise from biliary derangements, bilious colic, &c., may not be generally known. After every other purgative, and even calomel, in bolus, has been vomited, this is almost always retained, provided the stomach be otherwise perfectly empty and the patient quiet. Even though vomiting should once or twice occur, yet from the specific gravity of the pill, it is rarely ejected, while as it gradually dissolves in the stomach it may exert the efficacy of small doses of this mineral, in cholera infantum, and other irritable conditions of this organ.

intestinal obstruction was strongly indicated. There was every reason to fear that the case would prove a confirmation of the aphorism of Hippocrates already quoted, but to which it happily forms an exception.

CASE II.—In the following case, owing to peculiar circumstances, a post-mortem examination was not obtained, and though we can merely speculate respecting the immediate cause of death, it is conceived, that there are points of interest, if not of instruction, connected with it.

A lady thirty-one years of age, at the time of her death, of scrofulous parentage, and of highly nervous temperament, was attacked (1840) with alarming hemorrhage, after the birth of her second child. After her third confinement (1842), anticipating a like occurrence, a full dose of ergot was administered twenty minutes before the birth. It is proper here to state that she approached the period of labour with the utmost apprehension. So confident was she of a fatal result, that for many days and nights she obtained no sleep; and family arrangements, in anticipation of her death, were fully made. Either from the prostrate condition of the nervous system, or the depressing effect of the ergot, or both, an alarming state of the patient followed. The loss of blood was less than on the former occasion, but the prostration was much greater. Frictions and pressure, the application of cold, and the exhibition of acet. plumb., in liberal doses, constituted the chief treatment. Not fully aware at that time of the distressing effect of ergot, and resisting, on theory, a free use of stimuli in hemorrhage, they were sparingly administered, until urgent danger was apparent. The happy effects of a liberal exhibition were soon evident, not only in arousing the dormant energies of the nervous system, but in checking what little of discharge yet remained.

For years previous to her death, she had suffered from spasmodic dysphagia, which materially interfered with alimentation, but not less from dyspepsia, whenever food of a rich quality was taken. She was also troubled with much palpitation of the heart, which from careful examination was regarded as functional and sympathetic. These causes had produced a sallow, cachectic countenance, and an infirm state of health.

Nothing unusual occurred in her last pregnancy, until the seventh month. Her dyspeptic symptoms then increased; respiration on exertion became extremely laboured; palpitation was urgent, and her feet swelled. The dropsy did not seem febrile, and the urinary secretion was never deficient. Still, as a safeguard, diuretics were freely given, and a few doses pil. hydrarg. Hemorrhage, following parturition, was chiefly feared, as she was in no condition to bear the loss of blood.

One month before her expected confinement, without assignable cause, she was taken in labour with pains of ordinary character. Shortly before the birth, they ceased to be propulsive, yet were agonizing in the extreme. The circular fibres of the uterus, acting while the longitudinal were quiescent, no progress was made. Ergot, in moderate doses, was given in weak brandy and water, for the triple purpose of regulating abnormal uterine action, hastening labour, and guarding against anticipated hemorrhage. Irregular contraction still continued, and twenty-five drops elixir of opium were given in brandy and water. By voluntary efforts on her part, rather than from efficient pains, delivery was soon effected. Not the slightest hemorrhage followed. Respiration, however, was rapid and gasping, and it seemed impossible for her to regain the usual equilibrium, agitated as her mind was, in view of anticipated flooding. Soon a slight

cough commenced, with frothy expectoration, and both rapidly increased, and in consequence she became excessively agitated and alarmed. The secretion increasing in the bronchia faster than it could be thrown off, with a respiration so panting and crippled, suffocation was imminent. Meanwhile the uterine pains returned in all their severity, and on examining for the placenta, an hour-glass contraction was discovered. The uterine pains continued "atrocious," but voluntary expulsive effort, though frequently attempted, was impossible, owing to the crippled state of the lungs; the cough and expectoration rather increased, and the scene was truly appalling. Throwing herself over on her back, with staring eyes, blackened countenance, and every respiratory muscle in active exercise, she whispered, as well as she could, "I am dying." The hour-glass contraction was overcome by manual assistance, and the placenta delivered. The cough, expectoration, and difficult respiration continued much the same for two or three hours, when it gradually subsided, and she sank into sleep. Her pulse from the first had been a mere thread, and her countenance pale and ghastly. Stimulants in ice-water, elixir of opium, sinapisms, and external warmth, were faithfully applied. On visiting her twelve hours after confinement, found her comfortable, had passed water freely,—*gallons*, as some one expressed it,—called for her child, and placed it at the breast, and had the prospect of a good night. About midnight, she awoke with a severe pain in her chest, and a feeling of suffocation and alarm, but no cough. We were summoned to her—six miles distant—at sun-rise, but it was evident that life was fast ebbing. Stimulants failed to arouse her, and she died within an hour. A post-mortem examination was, at this visit, obviously improper, and subsequently, owing to distance, it was not obtained. The child, as in the case first detailed, died within two days, of cyanosis. It may be proper to state, that the effect of position, as recommended by Meigs, was faithfully tried in both cases,—the child being placed on its right side, the head and shoulders inclined upwards, on pillows, &c.

Ought the cause of death, in this instance, to be referred to some obscure cardiac affection?—or, rather, from the frothy expectoration, difficult respiration, and subsequent immense discharge of urine, may we not refer it to œdema of the lungs, in connection with the albuminuria of pregnancy? If so, a rupture of the air-cells occurred during the violent propulsive efforts of the last stage of labour, the final result, however, occurring not so much through apnœa as asthœnia, or exhaustion. Our object, however, is not to speculate, but to propound practical conclusions, which have pressed themselves upon our attention.

Succeeding her two previous confinements, there was alarming hemorrhage. In both cases ergot was given: in the first, at the occurrence of the discharge, and in the other, previous to the birth of the child, as a preventive measure. Its action was not happy—depressing the system, while it did not check the discharge. Other means, it is true, were used, such as acet. plumb., cold friction, &c. Stimulants were used sparingly—too sparingly. And here, practice, which is regarded as equally sound, sanctions both a free, and a more guarded use. A very judicious physician, on being called in consultation to such a case, we

have heard say,—“Don't give stimulants, for although they may remove faintness, yet they will arouse the circulation, and we shall have a renewal of the hemorrhage.” And such reasoning is apparently sanctioned by the highest authority. Hunter says, that the faintness which comes on after hemorrhage, instead of alarming the bystanders and inducing them to support the patient by stimuli and cordials, should be looked upon as salutary, as it seems to be the method which nature takes to give the blood time to coagulate. In this connection, we ought to mention the experiments of Hewson, designed to show “that the disposition to coagulate was increased in those cases where the vital powers were weakened by previous hemorrhage.” “Believing that it would be sufficient, for this purpose,” says he, “to attend to the properties of the blood, as it flows at different times, from an animal that is bleeding to death, I therefore went to the markets and attended the killing of sheep, and having received the blood into cups, I found my notions verified. For I observed that the blood found in the vessels, immediately on withdrawing the knife, was about two minutes in beginning to coagulate; and that blood taken later, or as the animal became weaker, coagulated in less and less time, till at last, when the animal became very weak, the blood, though quite fluid, yet had hardly been received into the cup before it congealed.” Both these authorities are, rightfully, as we conceive, in favour of withholding stimulants in the early stages of hemorrhage. It was under the influence of these principles, however, that in this and other cases, we can see that they were too tardily administered. If they do not operate as direct hæmostatics, they arrest the patient from the most alarming prostration. So grateful are they, at the proper crisis, that the countenance brightens, and the whole case assumes a new aspect, and if coagulation has but taken place in the uterine vessels, there is no further danger of thereby renewing the hemorrhage. The wisdom of the wisest has left us the inspired direction,—“Give strong drink unto him that is ready to perish.”

Another consideration, has reference to the depressing effects of ergot on certain constitutions. In ordinary cases, where the strength is sustained, and the system tonic, this property need not be regarded, nay, it may even be advantageous to the patient, as preventing subsequent inflammation. Rejecting the theory of specifics, our remedial agents have only a relative value. Ergot, if administered in an atonic condition of the system, with languid circulation, and great mental or nervous depression, not only still further prostrates, but ceases, in no small degree, to have its specific action on the uterus. This observation is not new, but has never been sufficiently enforced. Under these impressions, although in the case before us it had utterly failed, in former labours, to prevent or suppress hemorrhage, yet being unwilling to be deprived of its reputed powers, it was also given on the latter occasion, previous to parturition, but accompanied with brandy. While it failed entirely in exerting its reputed power

as a regulator of abnormal uterine contractions, it prevented all hemorrhage, which, in the weak state of the patient, was much to be dreaded. Other cases have since enforced the utility of giving it on some occasions with brandy, or other stimulant, or of administering the tincture in preference to the infusion.

CASE III.—The patient, the mother of one child, and for many years not pregnant, became so about the middle of September. The symptoms were normal, with the exception that the breasts became enlarged unusually early, and the size of the abdomen, from two months onwards, was full six weeks in advance of what is ordinary.

Nov. 27th. After slight exertion she was taken with moderate flooding, which ceased in three days. She but partially, however, recovered her usual health, and from this time she was seriously affected with cramps of the lower extremities, and lameness; also with a sense of abdominal heat, fullness, and distention, and during some part of her pregnancy, could scarcely stand erect.

Dec. 17th. A slight hemorrhagic discharge, followed by pains in the back, &c. The former soon ceased, the pains in the back continuing, and appearing much like a menstrual nismus. After two days, there was the discharge of eight ounces of dark, grumous, yet uncoagulated, blood, which continued two or three days. Immediately after this, her uncomfortable feelings left her, for a time, to return in just one month.

Jan. 17th. Much more unwell: pains in all parts of the system, especially the back; cramps and lameness, especially after rising from bed, to which, by her uncomfortable feelings, she is forced almost constantly to resort.

30th. Quickened, and from this time, motion was strong and frequent. Size unusual; and she was hence a burden to herself. She also suffered much from "colic pains."

March 4th. In this state of things, by accident, she was subjected to great agitation and alarm, and under its influence was seized with what she supposed severe flooding. The discharge was large, and yet there was no faintness or blanching of the countenance. On examination, so much water was found mingled with the blood, that it would not stain the finger. From the smell, &c., it was supposed to be the waters of the ovum. In nature substantially the same, the discharge continued for six days, quite profuse, and afterwards in less quantity. The uterus, which by the force of contraction had been depressed below the umbilicus, then rose to the position occupied before the discharge. Child's motion strong; general strength not diminished; pulse and countenance nearly natural. As the discharge diminished, it became of a brownish-red, with a slightly offensive odour. From its long continuance, and her confinement, her health ultimately required the free use of port wine, &c. Astringents were powerless over the discharge.

15th. Discharge continues pale, and has a faint, nauseous and sickly odour. Patient distinguishes two kinds of uterine contraction: one, which is painless, yet cramp-like; the other, more like colic, beginning at the left side, and shooting down to the right thigh, where it is most severe. It is the former which is attended by a gush of fluid; the latter, she had for some days before there was any discharge. There are evening paroxysms of fever; muscular twitchings; intense burning in the feet and hands,

and other symptoms of irritation, usually denoted by the term hectic. Is very nervous and excitable.

17th. Discharge pale; great sense of internal distention. Is constantly in pain, chiefly in the back; very lame in the lower extremities.

19th. Discharge more pale, but very profuse; wets a towel thoroughly every hour. Sometimes after exertion, a drop of pure blood is apparent upon, and mingled with, the water; quantity of urine much less than natural.

20th. Contractions more violent, and a pint of fluid was thrown off almost in a gush; very nervous, but unwilling to take a quietus.

21st. Watery discharge strongly coloured with blood, profuse all night, wetting four sheets in all parts,—probably about two quarts; alternate pains; no faintness or extreme exhaustion. Hoping that labour was advancing, an examination was made: uterus and vagina excessively tender; os uteri not open, but soft and dilatable; uterus protruding, in a rounded form, into vagina. To day took a large dose of laudanum, to quiet alternate pains, which were effecting nothing towards throwing off the ovum; rested well all the following night, the discharge continuing.

22d. Pains returned; laudanum has no effect in quieting them; discharge much diminished. A fœtus of the sixth month rapidly descended, (the membranes broken,) and was soon delivered, perfect in form and vigorous, and survived two days. No unusual discharge occurred at the birth; lochia natural; after-pains few, and recovery rapid.

Just before the birth of the child, there were protruded from the vagina two portions of a yellowish, or fawn-coloured substance, vesicular, and feeling like pulmonary tissue, each the size of a goose egg. On minute examination, they were found cellular in composition, consisting of round and oval cysts, or cells, which were of various sizes, from a pin's head to a hazelnut, and united by intervening coagulated lymph. Subsequent to the birth of the child, there were two or three slight discharges of a similar appearance, but not more than three or four ounces in all—transparent and coming in gushes.

May 1st. Uterine hemorrhage quite profuse for two days, but was speedily checked by ergot, tannin, and sulp. teris. Omitting the tannin, the ergot and iron were continued for ten days with the happiest effects. Subsequently there were two small watery discharges, followed by yellow, purulent matter, which, after a short continuance, subsided, leaving the patient in ordinary good health. Was this purulent discharge the debris from portions remaining in the uterus, and which were thus expelled under the influence of ergot?

Until parturition, the source and origin of the discharge were obscure. At first, it was supposed to be the liquor amnii, from a rupture of the membranes; at other times, the fluid collected between the amnion and the chorion, or the chorion and the decidua. But its quantity soon dispelled the illusion. Dr. Davis refers to the escape, in dribbling quantities, of an aqueous fluid, similar to the liquor amnii, for weeks and months before the accession of labour, and which is a dangerous affection. Churchill also refers to the discharge of a watery fluid from the vagina in pregnancy, persisting for weeks and months, and varying from a few ounces to some pints a day, and which, he supposes, may have its seat in the

lining membrane of the vagina, or in the space between the chorion and the amnion.

A case resembling the foregoing, in some respects, is recorded in this Journal (vol. ii p. 522, new series), by Dr. Leonard, which, also, though alarming in appearance, terminated favourably. May not the source of the discharge in his case, and others of like character, have proceeded from vesicular or hydatidic formations, which were overlooked at the time of the birth of the fœtus?

The event shows, conclusively, that the watery secretion had its origin in the vesicular bodies, which may, perhaps, be styled clustered hydatids, or vesicular mole, and which were thrown off early in labour. It is not our design to enter upon the subject of uterine hydatids. The substance in question is accurately described by Baillie, in his morbid anatomy, who considers them not as acephalocyst hydatids, but as attached cysts. They are an instance of the development of new tissues, being composed of serous cysts, which, so long as they are connected with the uterus or the placenta, continue to secrete water, and this finally stimulates the uterus to contraction, by which it is expelled. The uterus relaxing, more fluid is secreted, and this process continues until, through exhaustion of the system, or the existence of endo-uterine irritation, caused by the presence of air admitted through the ruptured membranes, or through the influence of alternate uterine contraction and relaxation, labour is at length induced, and the fœtus and the mole are simultaneously expelled.

Its attachment cannot be definitely settled. Probably, however, it accompanied the ovum into the uterus, and may have been attached to the placenta. Cruveilhier mentions a case where something of this nature was thus attached, and which was, in bulk, nearly equal to the placenta. That the waters, in the foregoing case, issued from within the membranes would seem probable, from the fact, that there was no known rupture of them at, or shortly preceding, the birth,—the discharge having almost ceased for six hours previous to labour.

The foregoing case disproves the assertion of Rigby (p. 114), that these vesicular masses are *invariably* connected with a blighted ovum. In strong constitutions, with little irritability of fibre, they may, possibly, co-exist with pregnancy quite up to the full period. On the other hand, in the more delicate, this diseased condition of the ovum and its membranes may be the unsuspected cause of frequent early abortions.

NEW LONDON, Cr., Sept. 1848.

ART. VIII.—*Report of Cases treated in the Pennsylvania Hospital.* By
GEORGE FOX, M. D., one of the surgeons.

CASE I.—*Ununited Fracture of the Femur. Seton continued during four months without benefit.—Amputation.*

E. F., æt. 33, married, from New Jersey, was admitted 30th of March last, with an ununited fracture of the left femur. She states that she received the injury on the 3d of August, 1847, in falling from a swing, that the end of the upper fragment protruded slightly through the soft parts, which wound, however, healed by the first intention, that the fracture was treated with Hagedorn's splint, and after the first week, four short splints were also applied, bound tightly round the thigh; this treatment was persisted in till the end of February, when no union having taken place they were removed, and pressure tried, also, without effect, until she was brought to the city and admitted into the hospital. At this time the limb was enormously swollen, and very movable at the seat of the fracture; the fragments appeared to be overlapped and separated considerably; by elevating the foot and throwing the limb outwards they were brought into nearer contact. Under these circumstances splints were adapted to the limb, and so arranged as to keep the fragments as closely as possible together; rest and compression were again resorted to and continued three months. Finding at the expiration of that time bony union had not taken place, it was determined in consultation to use the seton, as recommended by Dr. Physick—which I accordingly introduced on the 24th of June. No undue inflammation at any time supervened, though upon several occasions there were slight erysipelatous inflammation and considerable suppuration; the limb was placed in as good position as possible, and after a few weeks a splint made of gutta percha, well padded with cotton, carefully applied; this was worn some weeks, but removed as she seemed more comfortable without it. The seton was persisted in till the 29th of October, when finding it had produced no good effect, it was withdrawn. On the 15th of November amputation of the thigh, above the seat of fracture, was performed by Dr. Norris.

CASE II.—*Compound fracture of the Humerus—Extensive Laceration of Soft parts—Amputation at Shoulder-joint.*

Henry McGuigan, æt. 43, married, labourer, was admitted June 28th, with a compound comminuted fracture of right humerus, extending nearly to the head of the bone, with extensive laceration of the soft parts, caused by the passage of a train of burthen cars over it. The nature and extent of the injury was such as to demand immediate amputation at the shoulder-joint; reaction being fully established, I at once performed the operation. The flap was formed of the deltoid, the artery was readily controlled by pressure, with a key upon it as it passes over the rib. The patient was a large, muscular man; as the division of the lower portion was being made, by a slight involuntary motion of his body he displaced the position of the key, causing at the moment considerable hemorrhage; this was soon checked, the vessels secured, and the wound dressed with adhesive strips, charpie and bandages—an opiate administered, and directed to be repeated if requisite; diet confined to gruel, tea and bread.

July 1st.—Removed and reapplied strips; water-dressings now directed; adhesion by first intention of part of the wound.

18th.—Ligature of axillary artery separated to-day. There has been and still continues very free suppuration; the water-dressings continued.

20th.—Suppuration diminished; union going on well; he is now allowed to get up and has house diet.

Aug. 25th.—Discharged well.

Another amputation at the shoulder-joint was performed by my colleague Dr. Peace, on the 23d of May, on a boy, Robert Simpson, æt. 12, who received a similar injury of the left arm, from being caught in machinery. In this case the flap was also made of the deltoid; nothing unfavourable occurred during the progress of the case, and on the 22d July he was discharged well.

CASE III.—*Compound Comminuted Fracture of Skull—Removal of a large portion of Right Parietal Bone—Recovery.*

James Stafford, æt. 21, native of Ireland, was admitted early in the morning of 23d of July. The evening previous, whilst engaged in dragging a fire engine, he received a severe injury of the head, caused by a brickbat, thrown from the roof of a house, striking him as he passed. The external wound, situated on the top and right side of the head, is irregular and contused, fracture with depressed bone evident; it is stated that immediately after the injury he was completely insensible; some hours elapsed before he was brought to the hospital; soon after his admission his skin was warm; pulse from 110 to 120, feeble and not perfectly regular; pupils natural; sight good; lays in a semi-stupid state; can, however, be roused without much difficulty, then complains very much of pain in the head, and moans constantly. There is also complete paralysis of the left side; he is directed to be kept perfectly quiet; head to be elevated, and water dressings applied to the wound; a purgative administered; and barley water only allowed as nourishment. In the evening, in consequence of febrile excitement, he was bled $\frac{3}{4}$ xvij.

24th. Has passed a restless night; pulse 126; skin warm; bowels freely operated on; complains of pain in the head. At 11 A. M. we proceeded to elevate the depressed bone. Having enlarged the external wound to the extent of five inches, we found the fracture more extensive, and depression greater than we had supposed, a surface of from two and a half to three inches of the right parietal bone being much comminuted and driven in upon the brain; a small projecting portion of bone was removed by Hey's saw, which enabled us to get at and remove all the pieces of bone (seven in number). The dura mater was wounded in three places, from one of which, an inch in extent, cerebral matter escaped; there was considerable hemorrhage from the middle artery of the dura mater; after this ceased, the external wound was brought together with two sutures and adhesive strips, and dry lint applied for the present.

3 P. M. Pulse 120; skin warm; slight delirium and restless; no relief of paralysis. Directed lint wet with cold water to be kept constantly applied to the head, room darkened, and strict quiet enjoined, iced barley water only allowed. *Midnight.* Without material change; pulse 104.

25th. 11 A. M.—Had a restless night; dozed a little; he is perfectly conscious and intelligent; and gives a clear account of the accident; pulse 92; bowels open during the night; complains much; and moans constantly.

7 P. M. Pulse 98; slight erysipelatous inflammation of right side of head and scalp.

26th. 11 A. M.—Passed another restless night; still moans and complains of pain in head and neck; wound suppurating slightly; some brain-like matter is also discharged; pulse 104; skin pleasant; bowels open; continued cold applications to the head; and iced barley water as nourishment.

27th. Rather quieter last night; pulse 88; skin pleasant; intelligence good; though at times there is slight delirium, particularly when first awakened; still complains greatly of his head; directed blisters to be applied to the inside of the calf of the legs, and $\frac{1}{4}$ grain of calomel three times a day. Tapioca and gruel in addition to the barley water.

28th. Had a violent convulsion during the night which lasted nearly an hour; his blisters had drawn well at the time. This morning his pulse is 104, and intelligence good: the discharge of brain-like matter continues, with slight supuration from wound.

29th. Intelligence good; occasional delirium; pulse 84; same character of discharge from wound.

30th. Complains of being very weak; pulse 90; is allowed mush and milk; cold water dressings continued.

31st. Stitches removed; is allowed weak mutton broth in addition to the other diet.

Aug. 1st. Not so well; had a chill last evening, which, it is feared, is the precursor of more unfavourable symptoms; is very cross, and at times delirious; skin hot; pulse 112, and more feeble; tongue furred; some tympanitis; wound suppurating, and upon pressure an oozing of sanious brain-like matter. Directed an enema containing \mathfrak{z} ss ol. terebinthinæ,—continue calomel and cold water dressings; diet to be again restricted to farinaceous articles.

2d. Much better; had a quiet night; pulse 92; skin pleasant.

3d. Passed a good night; intelligence perfect; says he feels pretty easy, though very weak; pulse 80; tongue clean and moist; slight ptialism; the calomel is now omitted, and he is again allowed mutton broth, mush and milk, and ice cream.

10th. Intelligence perfect; pulse 74; skin natural; appetite good; paralysis continues the same; bowels opened daily by enemata; appearance of wound healthy, and cicatrizing. Continue cold water dressings and same diet; the mercurial influence is also kept up.

19th. Condition much the same; the paralysis continuing; a blister is directed to the nape of the neck; to be kept discharging.

24th. To-day can flex his left leg, though he cannot extend it or move his toes; left arm still motionless; in other respects gradually improving; blister still sore.

30th. Moves his arm, though he has no power over his fingers or toes; blister to nape of the neck was reapplied on the 28th.

Sept. 4th. Moves his toes.

7th. Can walk with assistance; blister reapplied yesterday.

12th. Walks with the assistance of a chair; he is up nearly all day; continue same diet, &c.

Oct. 2d. Wound cicatrized; he has nearly regained the perfect use of left leg; the arm also improves.

6th. Discharged from the hospital well, excepting slight paralysis of left arm.

18th. Walked to the hospital to see us. His health is good; scarcely anything to be noticed in his walk; arm much improved.

CASE IV.—Gunshot Wound of Thorax: Death.

John Hayes, an Irishman, aged 27, a coachman by occupation, was brought into the hospital on the 26th of Oct., with a gunshot wound of the thorax. He was said to have lost a good deal of blood from the wound, which was made by a pistol ball; as he lay upon his back, however, when brought in, no blood came from the orifice. The surface was cold, countenance anxious, respiration oppressed, pulse almost extinct. He was put to bed, the upper part of the body elevated, mustard plasters and artificial heat applied to the extremities, and brandy and water administered to him freely. The opening made by the ball was two-thirds of an inch in diameter, and was distant one inch and an eighth from and on a level with the left nipple, and to the right of it, its edges blackened and ragged. At every act of respiration the air passed to and fro through the orifice with a whistling noise. No attempt was made to search for the ball, or determine by instrumental means the nature of the lesions it had produced within the cavity of the chest. Adhesive plaster was placed over the wound, and upon this, lint and muslin soaked in the ethereal solution of gun cotton was placed. Upon drying this adhered firmly over the aperture, effectually preventing the further introduction of air through it into the thorax. A broad roller was then passed around the chest and secured firmly. The left side of the chest was very resonant upon percussion, but the respiratory murmur could not be heard at any part of it. The latter was somewhat increased in loudness upon the right side. In about an hour after the assiduous use of internal and external stimulation the pulse rose, the surface became warmer, and the oppression of the patient diminished slightly. The sound of respiration could then be heard upon the left side and mingled in its lower half, with a moist rhonchus and a very distinct metallic tinkling. The impulse of the heart was feeble, and its sounds diffused and indistinct. He had no expectoration of any kind.

In the evening he seemed very uneasy, continually moaning, but complained of no pain except in the small of his back; yet to this symptom he constantly called attention, seeking earnestly for relief. He was ordered a drachm of the solution of morphia, to be repeated every two hours, and barley water as a drink. At eleven, P. M., his general condition and the physical signs afforded by the chest, continued the same. As he was unable to pass his urine, the catheter was introduced and a pint of urine drawn off.

He slept a little during the night, and was found in the morning somewhat better; his skin was warm, his pulse 120 and feeble, but he was less anxious, and the dyspnœa had diminished. The left side of the chest was now less resonant upon percussion; the metallic tinkling could still be heard, though not so distinctly upon the lower portion of this side in front. The abdomen was somewhat tympanitic, and the muscles of it rigid. He passed his urine himself.

Directed to continue the morphia. At ten o'clock he was ordered Dover's powder three grs., calomel one gr., to be taken every two hours; and his diet limited to arrow root. During the day his pulse rose in frequency, and was extremely feeble, but late in the evening it sank again to 120 beats, and became full and resisting. He was now bled from the arm to the extent of fifteen ounces, after which it became softer and he seemed to experience a slight relief from the dyspnœa. His urine was again drawn off by the catheter, as he was unable himself to void it. He slept at intervals during the night, and in the morning his skin was warm and perspiring, pulse 120, and feeble. His countenance still wore an expression of great anxiety, and he complained bitterly of the pain in his back. His dyspnœa

was greater than before. Respiration could be heard in front over the greater part of the left side, and the moist rhonchus and metallic tinkling were still audible. The powders were discontinued. During the day he seemed to be growing feebler, and his abdomen became very much distended. Attempts were made to relieve this distension by the introduction of an elastic tube into the bowels, by the injection of turpentine enemata, and by turpentine fomentations over the abdomen; but no gas escaped through the tube, the injections were forcibly expelled, and the fomentations failed to relieve him. His stomach became also intolerant of all ingesta, fluid or solid, both being rejected as soon as taken.

He died at eleven, P. M. of the 28th, sixty hours after his accident, and retained his senses perfectly till the last moment.

The body was examined eleven hours after death.

The surface was pale, some discoloration posteriorly, the muscles very rigid. On the left side of the chest one inch and an eighth to the right of the nipple, and in a line drawn from it to the median line, an opening was seen communicating with the interior of the chest.

In dissecting the muscles from the thorax, the external wound was found to correspond with one between the fifth and sixth ribs, slightly grazing the fifth. Blood was extravasated in the intercostal muscles in its neighbourhood. The left lung was found collapsed, and the cavity of the left pleura was half filled with blood partly coagulated and partly fluid. A leaden bullet weighing a fourth of an oz., was found in this cavity, as well as some shreds of clothing. The pericardium contained a large quantity of coagulated blood and was perforated at that portion corresponding to the apex of the left ventricle, with two orifices distant from each other about an inch and a half. The internal surface of the pericardium was lined by a delicate, newly organized false membrane. The heart was firm, and the left ventricle somewhat hypertrophied. On this ventricle near the apex of the heart there was a furrowed wound an inch and a half long, and half an inch wide, which led from one of the orifices in the pericardium to the other, but did not communicate with the cavity of the heart. It was not possible to discover any wound of the substance of the left lung; it could be completely inflated with air and continued to retain the form given to it by the inflation, until the air was allowed to escape through the left bronchus. Between the lobes of the lung, however, when the lungs were filled with air and in a line corresponding to the wound of the heart, several patches of blackened membrane, easily detached, were found, which seemed to indicate the passage of the ball after leaving the pericardium. There was no lesion of the diaphragm or stomach. The intestines were found to be distended with gas, but otherwise they, as well as the peritoneum, were in a perfectly normal condition.

This case was one of much interest. The absence of bloody expectoration led us to infer there was no wound of the lung, although the other physical signs were such as we should have expected to have met with in a wound of that organ. I am indebted to my friend, Dr. M. Stillé, house-surgeon, for the history of the case, and post-mortem.

Two cases of aneurism, one inguinal, the other carotid, came under treatment during my term of service. In the former a ligature was applied to the external iliac; in the latter to the primitive carotid. Both cases are progressing favourably; we will give the details of them in a future number.

ART. IX.—*Notes of Hospital Cases.* By HENRY HARTSHORNE, M. D.

Bronchitis with Fetid Expectoration. John Robinson, aged about thirty-five, a large, square built man, but then very thin, was admitted into the Pennsylvania Hospital 6 mo., 1846. He had had a cough for several weeks, and complained of great debility, but no pain. His expectoration was very copious, ash-coloured, and of an extremely *offensive* odour, almost fecal.

This symptom naturally induced the suspicion of gangrene of the lung; but physical examination by Drs. Pepper and Gerhard, discovered no signs of this. There was no dullness on percussion, no bronchial respiration, nor bronchophony.

Iodide of iron and good diet were prescribed.

7 mo., 3d. He has improved in all respects.

11th. Still continues better.

15th. His cough and expectoration have almost disappeared; strength and general condition have also greatly improved. He has been using for some days tinct. cinchon. comp., in addition to the liq. ferri iodid. The case must have been one of bronchitis only. Dr. Pepper has observed a similar expectoration in a few other cases of bronchitis.

●
Gangrene of the Lung. This was observed in an Italian sailor, named Calichi, in the winter of 1847.

The attack appeared to have begun as ordinary pneumonia; it had, however, progressed considerably before he entered the house. The degree of fever, pain, &c., indicated antiphlogistic treatment; and moderate venesection, cupping, and mild mercurials and opiates, were used. The expectoration was at first rusty and muco-purulent; afterwards approaching pure blood; and finally dark, with the odour of putrefaction. He then became prostrate, and died about five days after admission. Post-mortem inspection displayed the complete sloughing of one lung.

Apparent Syncope in Bronchitis.—This, probably a not unfrequent symptom, I observed first in the early stage in one of the nurses; who, while requesting advice for a very severe cold which affected his chest, accompanied with pain in the head, fell at full length on the floor. He was treated by venesection, purgatives and expectorants, and soon recovered.

A young sailor was not long after admitted, with recent bronchitis, in whom the same thing occurred. Finding that the pulse was not greatly reduced, as in common syncope, I bled him at once from the arm, with a favourable result. Oppressed respiration, causing an oppressed circulation,

and deranged supply to the brain, must have caused the sinking, which, in appearance, was exactly like the fainting of debility.

Bronchitis treated by Inhalations.—Advantage was derived in several chronic cases, during Dr. Pepper's term, from the inhalation for a few minutes, once or twice daily, of a mixture of tinct. digital. and Lugol's solution, \mathfrak{z} ss of each, in a pint of water at 100° Fahr. Tobacco fumigation, i. e. smoking, by those not inured to it, has been directed for irritable lungs with benefit, by my father in private practice. The great attention recently given to the subject of inhalations, will undoubtedly develope some new results in the management of pectoral affections.

Tincture of Lobelia in Asthma.—In 12 mo., 1846, three cases occurred which evinced the great utility of lobelia as an antispasmodic expectorant. They were both instances of asthmatic congestion of the lungs; one of them quite severe and threatening. Cups, blisters, and some other depletory measures, were used in both; but the most signal benefit was repeatedly referred by the patient to the lobelia, in doses of \mathfrak{z} ss of the tincture every few hours; or even more during the severity of the paroxysm. One bore drachm doses without vomiting or other unpleasant effect. The remedy was gradually withdrawn when relief was obtained.

Another instance of its use with success is noted in 2 mo., 1847.

Tartarized Antimony in Pneumonia, &c.—In the Pennsylvania Hospital the violent contro-stimulant practice is not used; but the tartar-emetie is frequently prescribed in non-nauseating doses. By two or three stout Irishmen, affected with pneumonia, one-sixth of a grain every two hours was borne for several days together; but most generally one-eighth of a grain was found sufficient for the proper effect. In one case of chronic bronchitis, the continuance of this dose for a week or two induced slight gastritis.

In the winter of '46-7, a number of cases of pneumonia, of which four were quite severe and one extremely violent, attacking both lungs, were treated successfully under Dr. Wood's direction, by the usual plan of free and sometimes repeated venesection, cupping, gentle purgation, and combinations of blue mass or calomel with ipecac. and opium, avoiding salivation. In the winter of '47-8 not a single case of pneumonia occurred in the wards.

Gunshot Wound of the Chest.—Lawrence Naulty was brought into the hospital, 9 mo., 9th, 1846, having been accidentally shot by the discharge of a fowling piece within a few feet of his body. The charge entered back of the point of the left scapula, and came out by a more extended

opening in the neighbourhood of the fourth rib, nearly three inches back of the nipple; being thus on the anterior of the axilla. He was said to have expectorated blood before being brought there; but no air could be perceived to pass through the opening. The pulse and skin showed great tendency to collapse. He complained of violent pain. The wounds being dressed with lint, he was put under the influence of morphia, which, however, did not give sleep or stop his groaning till the next night.

The prostration and irritation were such as to make necessary the use of a catheter for several days. Hemorrhage at the time of the injury may in part account for his weakness.

11th. Considerably less pain, and countenance better. Reaction has occurred. This afternoon the wounds were dressed; the edges were already beginning to slough. The warm water dressing was used—i. e. a piece of patent lint doubled, wet with warm water, and covered with oiled silk, retained in place by strips of adhesive plaster.

It is needless to go into detail farther than to state that the case ended in complete recovery; the principal delay resulting from the necrosis of large portions of the wounded scapula. The beautiful and complete adaptation to such a case of the water dressing as above described, which was continued for many weeks, is the principal matter of note.

Phosphate of Ammonia in Rheumatism.—This remedy was fairly tried by Dr. Pepper in the spring of '46. It was given in doses of ten to thirty grains in acute and subacute rheumatic cases. It was not found to justify the theory of Dr. Buckler, of Baltimore, who believed it to have specific powers, by a chemical agency: but patients recovered under it, though not rapidly, so as to convince me that it might prove a useful adjuvant, and sometimes, substitute for colchicum. Its alkaline composition, and laxative action, are sufficient to account for this. In 1847 one case at least occurred in which its use was followed by recovery, where the attack had resisted other plans of treatment. In some patients diarrhœa, and in others nausea, was produced; but generally it seemed a mild remedy. The vehicle preferred was aq. cinnamom.

The curative power of colchicum was found to be far from infallible. In some, aided by depletion, its effect was immediate; others were scarcely improved while taking it even for weeks.

Calomel and Opium in Rheumatism.—Several cases occurred, particularly during the winter terms, which showed a controlling power in the mercurial impression. But a speedy and violent relapse in one on leaving the house in fine dry weather, tended to confirm a remark made by Dr. Gerhard, that rheumatic cases treated by mercury are apt to be left in a state more susceptible to relapse than after the use of other remedies. In some instances also it failed to relieve.

The conclusion of the writer is, that this treatment should be avoided unless in syphilitic cases, or as a last resort where other remedies have not succeeded.

Quinine in Rheumatism.—Shepherd, a female patient, suffered for a long time under succession of attacks of great violence and intensity. No management seemed to arrest them more readily than the administration of quinine, 12 or 15 grains daily. Another woman in the same ward, with an attack of a few days' standing, decidedly inflammatory, with red, swollen and tender joints, and some fever, though a rather feeble diathesis, recovered almost at once when "quininized."

Hot Bathing in Chronic Rheumatism.—Many sufferers from chronic rheumatism, unmitigated by medicines, were entirely cured in the winter by the use daily of a bath at 102° Fahr. During the summer terms, frequent and free cupping, dry or wet, to the *spine* was attended with great benefit, even when the pains were only in the limbs.

Death apparently from Metastasis.—Benjamin Pascall, a coloured man, 45 years old, had pain frequently in two places in the back for 14 years. Entered the hospital for an attack of acute rheumatism in his limbs, with also a slight cough. Being cupped, purged with Scudamore's mixture, and treated by vin. colch. rad. with magnesia, and a blister to the back dressed with morph. acetat., he recovered so far as to propose leaving. Before doing so, however, he caught fresh cold by an accidental exposure, and was again attacked with pain and fever. The feet were swollen, exquisitely tender and painful; he asked for a blister; one was applied,—and gave considerable relief. He then begged for something of the same kind to the other foot. Being somewhat doubtful as to its propriety, I began with a sinapism a little larger than a dollar. This partially eased the pain, and the next night at his request I applied a larger one, over the whole instep.

5th mo. 24th. At ten in the morning, he had a shaking chill, with commencing pain in the right hypochondriac and epigastric regions. A large sinapism was then applied to the epigastrium, and dry cups were placed upon the back.

In the evening he was worse: with a great deal of pain below the margin of the ribs, skin rather cold, breathing hurried, pulse rapid and feeble. The day before he had had several passages, but to-day was constipated. He vomited several times. Tinct. rhei et sennæ \mathfrak{z} ss every hour for two or three hours was directed, followed by an opiate. A blister was also placed over the epigastrium. The pain continued.

The next morning at 5 o'clock the prostration was greater, although the pain was less severe. The feet being very cold, they were placed in

hot water. The blister did not act, and a sinapism was again substituted; ammonia and wine whey were directed.

During the same morning, contrary to urgent advice, he persuaded his friends to carry him home on a settee. He died there about an hour after. No post-mortem examination could be obtained.

Had the rheumatic attack here suddenly fallen on the abdominal viscera? There was no sign, physical or rational, of the heart being at all affected; and the pain was not constantly localized in the stomach.

Was it possible that the application of a blister and mustard plaster to the affected extremities during the existence of rheumatic fever had any thing to do with the extension or transfer of the disease to vital parts?

I have understood that his former physician had thought him for a long time to have suffered from disease of the kidneys; and Dr. Pepper considered it very possible that an abscess of one of them, rupturing into the peritoneal cavity, may have caused his death.

Iodide of Potassium in Syphilitic Rheumatism.—The large number of sailors admitted on the custom house list with this complaint renders it easy to test remedies with it; and this experience shows, that the above medicine, in moderate doses (gr. x ter die), acts as a specific upon it—often relieving the nocturnal pains in the bones in a few days,—and favoring the disappearance of nodes. Several such cures I have noted, and from one to two dozen must occur annually in the hospital.

Syphilitic Iritis, of a violent character, was in a case noted fourth mo., 14th, 1846, reduced only by the mercurial impression. It supervened while the patient was taking Donovan's solution on account of an obstinate eruption; and the continuance of that remedy, in doses sufficient to nauseate (gtt. v ter die), allowed the disease to progress. 'Three days' use of calomel (gr. j ter die) with opium and ipecac. caused the return of sight, the absorption of lymph, and recovery. Leeches had been previously used. A similar result is recorded as having occurred in several other instances.

Mercury in Syphilis.—Recent clinical lectures in the hospital announce that the experience of its wards tends to disparage the necessity or general advantage of this medication, so much urged by some older surgeons.

It has always, however, been allowed in particular cases; and it may be merely observed, that the exceptional instances of its use have encouraged the opinion of the writer, received from other authority, of the propriety of the cautious use of mercury in syphilitic disease. Hydrarg. iodid. appears to be perhaps the best preparation for the purpose. The surgeons are in the habit of directing it especially in cases of obstinate chancre, or where irreducible phymosis prevents local means. Upon these, especially thorough cauterization with argent. nitrat., they usually rely.

Calomel as a local application in Chancre.—This is a favourite treatment in the hospital, in all obstinate chancres, and buboes which will not heal after being opened. The powder is sprinkled freely over the surface, which is then dressed with lint wet with dilute solution of chloride of soda. I have repeatedly noted the most striking results from it, where the black wash had entirely failed.

Phymosis and Paraphymosis in Chancre.—A question may arise at a certain stage, which of these conditions is preferable; that is, shall the phymosis which is forming be forcibly reduced while a chancre exists on the prepuce, or not? In two cases I saw this done, once by myself, and once by the patient's own act, leaving it irreducible; and the tendency of chancre to spread over any abraded or divided surface made the cases so troublesome that I should never wish to repeat the change. You may treat a chancre under an incompletely phymosed prepuce by injections. Why might not a weak solution of corrosive sublimate be more used? Or the black wash, and solution of cupri sulph.—relying much also on the *internal use* of mercury, especially in such cases?

Venereal Warts.—The most convenient and complete, and least painful mode of removing these, was found to be by strong nitric acid, applied only to the excrescence. It destroys it so entirely as to cause its separation in a short time, without injuring, if carefully applied, the surrounding parts.

Hemorrhoids cured by spontaneous sloughing.—James Roney, admitted fourth mo., 1846, with chronic dysentery, had also suffered for three years from hemorrhoidal tumours. They had been always reducible till after his admission, when they protruded completely, along with a portion of the rectum in a state of prolapsus,—which could not by any effort be entirely returned. Besides opiates by the mouth and by enema, a poultice was kept constantly to the part, at first of ground flaxseed, and then of slippery elm and liq. plumb.

The inflammation and swelling were considerable; and finally the tightness of the sphincter induced the strangulation and sloughing of the tumours, all but one. His pain then diminished greatly, and the parts were finally returned. The dysenteric symptoms were altogether improved by the change.

A similar spontaneous cure of piles by sloughing has before occurred in the observation of Dr. Norris.

ART. X.—*On the Etiology of Intermittent and Remittent Fevers.*—
By JAMES F. GAYLEY, M. D., of Philadelphia.

THE etiology of intermittent and remittent fevers has long engaged the attention of the profession, but though repeatedly investigated by some of the ablest minds, it is still to a certain extent involved in mystery. The first who put forth definite views on the subject was John Maria Lancisci, an Italian. In a work entitled "*De noxiis Paludum Effluviis*," printed in 1717, he advanced the idea that these fevers were caused by certain marshy exhalations, to which he gave the name "*miasmata*"—from the Greek word *μιαίνω*, to pollute. But subsequent observation showed that the vicinities of marshes and stagnant pools were not the only places where the disease was met with. It was found where no marshes existed; and, as the Fall of the year was the season when the disease was most prevalent, it was attributed to a poison generated in the decomposition of vegetable matter. This view was generally adopted by the profession until the publication of Dr. William Ferguson's paper "*On the Marsh Poison*," in the *Edinburgh Philosophical Transactions* for the year 1821. This eminent physician, during his connection with the medical staff of the British army in the Peninsular war, collected many interesting facts on the subject. He showed that vegetable decomposition was not necessary to produce the disease;—"that the peculiar poison may prevail where there is no decaying vegetable matter, and no vegetable matter to decay; and that for producing the poison all that is necessary is a surface capable of absorbing moisture, and that this surface should be flooded and soaked with moisture and then dried; and the higher the temperature, and the quicker the drying process, the more plentiful, and the more virulent, is the poison that is evolved."

Some have asserted that the miasm is a *halitus* from the bowels of the earth which escapes through the fissures produced by the warmth of the sun, after heavy rains in the summer and autumn months. Facts, it appears to me, are constantly met with which none of these theories can explain. Let us examine them a little more in detail.

First: *The theory of vegetable decomposition.*—The disease attributed to its effects makes its appearance usually about the first of August and continues until about the middle of October, or the appearance of frost. This may be taken as the general law, but it varies in different latitudes. It is met with again in the Spring, during the latter part of April, the whole of May, and running on sometimes through the first and second weeks of June. Let us trace vegetable decomposition through the same months and see if it can be the cause of all this mischief.

During the latter part of July, the whole of August and the early part of September we have very little of it. Even the appearance of decay is scarcely perceptible. The grain and hay stubble, the dried stems of plants whose process of fructification is completed, are all that can be undergoing the process then:—and they decompose very slowly. In the Spring they are often found very little changed; but after the appearance of the early frost in October, the sun coming out warm through the day, life being arrested while the stems are succulent, there is a supply of moisture present, and the process of decomposition goes on in the day-time with great rapidity. If the miasm causing the disease is produced by the decomposition of vegetable matter we ought to have it then in a *maximum*, and the disease in

its most malignant form. But is such the fact? Everybody who has lived in a malarious region, as it is called, knows that frost is hailed by the inhabitants as a deliverer. That after a severe frost, the influence of which can be felt and seen, the disease is mitigated or entirely arrested. As the Fall advances the decomposition of vegetable matter increases, and is kept up in southern countries through the Winter. But it is a well-known fact that the course of the disease is just the reverse. In April and May nearly all vegetable decomposition has ceased. All that can be undergoing the process then are some plants of a very fibrous texture, that have resisted the action of nature during the preceding Fall and Winter, and those vegetable remains that are now applied as manures, the elements of which are soon appropriated by the growing plants to their nourishment. Certainly the miasm ought now to be at a *minimum*. Yet we have at that time, in malarious neighbourhoods, a good deal of intermittent fever.

Dr. Ferguson has given us, in his paper "On the Marsh Poison," many instances of the prevalence of intermittents and remittents in places where vegetation was not only absent, but its existence absolutely impossible, as along the dried bed of the Guadiana, the dry sandy surface on the Alentejo side of the Tagus opposite Lisbon, and a "bare open, hollow country like the dried up bed of an extensive lake" near Ciudad Rodrigo.

But the decomposition of vegetable matter goes on abundantly without the production of the miasm. "The rotting cabbage-leaves of Covent Garden, and those which taint the air of the street from the neglected dust-holes of London, during the hot weather of Summer, give rise to no ague. The same may be said of the putrefying and offensive sea-weed, which is deposited in large quantities upon some very healthy parts of our sea-coast" (*Watson's Practice*, p. 454).

In the west of Ireland the farmers are in the habit of collecting the algæ along the sea-coast, every year, and spreading it over their farms as manure. This is done in the months of July and August, when the temperature is highest. It undergoes decomposition very rapidly, emitting a most abominable stench. A gentleman who spent some time at a watering place near Ballyshannon, a few years ago, informed me, that he has seen the fields covered with it for miles; yet no intermittents follow. The same fact has been corroborated by another gentleman, now at Princeton College, whose father owns property along the north-west coast of Ireland.

Sir James Clarke, in his work on the sanative influence of climate, says: "It is remarked in the statistical reports on the health of the navy, that on the South American station there are land-locked harbours, where, under a powerful sun, ships lie for months, or years; surrounded by a country abounding in marshes and rank vegetation and all the other circumstances which elsewhere are considered the essential cause of the fevers which prove so destructive of life among Europeans, without the occurrence of a single case of fever. The crews on the contrary enjoying good health."—(p. 171, Philadelphia ed.)

"The town of Point au Petre in Guadeloupe is situated among the most putrid marshes in the world, the stench of which is never absent from the streets; yet the place is far from being uniformly unhealthy. Strangers, though much annoyed by the smell, often resorted to the place with impunity." (*Ferguson on Marsh Poison*, p. 10.)

There is "a large cess pool to the windward of Belfast (Ireland), which is the reservoir of several sewers from neighbouring streets, from a house of correction, a lunatic asylum, and from a great number of cotton factories, a distillery, and other extensive sources of animal and vegetable deposits

and impurities. This has an accession of brackish water from the oozy Lagan, the principal river of the port, at every tide. Notwithstanding the emanations and fetid gases from that effervescing fen are constant, they do not engender agues." (*Sir J. Murray in Dublin Med. Press*, Nov. 1844.) Fort Moultrie, at the mouth of Charleston harbour, is another example. "Although there is much salt water marsh in the rear of the island on which it is situated, no deleterious effects arise." (*Medical Statistics of U. S. Army*.) Similar examples are found in Forts Brady, Howard and Winnebago; while at Forts Niagara, Washington, and Bellona Arsenal, where no marshes exist, these fevers are prevalent.

Some have dwelt much on the agency of putrefying animal matter in producing the poison; but the argument is more specious than solid. Dr. James Johnson, who resided many years in British India, and who devoted much attention to these diseases, in speaking of their causes, says, "that during the month of May and beginning of June, when the rivers are sunk far within their autumnal boundaries, when the heat is excessive, and when the tides are so rapid that the *bore*, as it is called, rushes up past Calcutta, sometimes with the amazing velocity of *twenty miles an hour*, not entirely stopping till it reaches Niaseraï, thirty-five miles above the capital; then indeed, at low water, each side of the river presents a broad shelving slope of mud and mire, covered with vegeto-animal remains in all stages of putrefaction and disengaging the most abominable stench, yet no ill effects whatever are produced by such exhalations." (*Tropical Climates*, p. 107.)

In view of all these facts, we think we may safely doubt the tenability of the theory of vegetable and vegeto-animal decomposition. On the contrary we see that as a country becomes improved and vegetable production—and in consequence vegetable decomposition—is increased, the disease diminishes.

Let us next examine the theory of Ferguson, viz., that the poison is generated in the rapid drying of a porous sandy surface:—or, in other words, for producing the miasm it is requisite that there should be a surface capable of absorbing moisture, and that this surface should be flooded and soaked with water and then dried; and the higher the temperature and the quicker the drying process, the more plentiful and virulent is the poison that is evolved.

The distinguished author, from his connection with the medical staff of the British army during the Peninsular war, enjoyed an extensive field for observation; and his subsequent appointment on the medico-topographical survey of the West Indies, during the years 1815, '16, and '17, gave him diversified opportunities for adding to, and verifying, the observations he had previously made, all of which he sedulously improved, and has given us as the result of his labours a number of facts on the subject, as valuable as they are interesting. It would make this paper too long to insert them here. Neither do we think it necessary for our present purpose. They all go to refute the theory of vegetable decomposition. But we humbly think that the one he proposes as a substitute is equally objectionable.

These fevers prevail only in certain seasons, generally in Fall and Spring. Is not the soil of places where they do prevail equally as wet during the latter part of June and the whole of July—and exposed to suns equally as hot, and consequently have the drying process taking place as rapid as in August, September, or October,—April or May? We think more so.

In July, especially, rains are more frequent than in either August or September.

The Spring and early part of the Summer of 1847 were unusually dry throughout lower Virginia.* The drought prevailed to an alarming extent. Vegetation was parched. On the 19th and 20th of June there was a copious rain, soaking the ground thoroughly. The following week the weather was oppressively hot, the thermometer at 2½ o'clock standing from 92° to 94° Fahr. in the shade, except on the 24th, when it stood at 81°. Here the ground was thoroughly wet and followed by intense heat, producing, of course, rapid evaporation; yet not a case of fever followed. Whereas, during May, when the whole country around was suffering from drought, and the thermometer in only a few instances rose above 80°, chills and fevers were very frequent. Other facts might be adduced, but these, we think, are sufficient to prove that rapid evaporation from the soil of places where these fevers prevail, and the disease, cannot be connected as cause and effect.

The same objection, we think, might be urged against the view that the disease is produced by a *halitus* from the bowels of the earth. What makes this *halitus* innocuous during June and July, and so active in August, September, and October? The fissures, through which it is said to make its escape, we have seen as abundant at the one time as at the other.

These anomalies compel us to doubt the tenability of all the above theories. We think they cannot be sustained by an appeal to facts. And the more the attention of the profession is directed to the subject, not in one place or neighbourhood, but in many dissimilarly situated, the number of these, we think, will increase.

While a student of medicine, I resided between three and four years in a miasmatic district. During the first fall of my residence there, intermittent and remittent fevers prevailed to an unwonted extent. Very few in the neighbourhood escaped. But I observed that the few who did escape were among the labourers on the plantation; and those of them that were taken with the fever had it much milder than the household servants. This circumstance appeared to me, at first, inexplicable. These persons were out before sunrise, and did not return to breakfast until between 7 and 8 o'clock. They were out regularly, also, until after sun-set. Their work lay along the shore of the river, where the miasm is supposed to be most abundant. Being out so early, and with empty stomachs, they were certainly more exposed to the poison than the household servants, and ought, reasoning *à priori*, to have the disease in a severer form. Yet, taking them as a class, comparatively speaking, they escaped. I observed the same circumstance the following Spring and Autumn. This led me to doubt the correctness of the conclusion that these diseases are produced by a specific poison; and to look for their cause in other agencies.

Among these, as the most important in all natural changes, we first look to the effects of temperature. Heat acts as a stimulus to the organic functions of the body. The annual changes that take place in the vegetable world, and the superior luxuriance of the vegetation of warm climates as compared with cold, illustrates this in reference to plants. Similar is the effect produced on those functions which man possesses in common with plants. The liver and the skin, from the nature of their functions, especially are stimulated by heat. The lungs and liver are the

* The writer was at that time a resident of lower Virginia.

great decarbonizing organs of the body, and the activity of their functions is always in an inverse ratio. In the lungs, carbon undergoes slow combustion, accompanied by a disengagement of heat for keeping up the animal temperature and is thrown off as carbonic acid. In the liver, it unites with hydrogen, and small portions of oxygen and nitrogen, and forms bile. In summer, on account of the high temperature of the air, there is less demand on the calorific apparatus within the body; and the atmosphere, on account of its rarity, contains less oxygen in the same volume than in winter. These two causes co-operating, will diminish the quantity of oxygen taken into the system by respiration, and, in the same proportion, the quantity of carbon thrown off as carbonic acid. Hence there will be more labour thrown on the liver. For the performance of this, in accordance with the general law of secretion, increased activity of the circulation through the portal system will be required. Of this activity, all the radicals of the large veins that unite to form the vena portarum must, more or less, partake. The circulation must therefore be more active in the digestive organs during summer than in winter. Its activity is also much increased after a meal, because an increased supply of blood is then demanded by the digestive organs.

The activity of the function of the skin is also much increased during summer. The function of the cutaneous surface is twofold, secretory and respiratory. As a product of its secretory function, we have perspiration and a sebaceous matter for keeping the skin soft and in a proper condition for the healthy performance of its functions. Besides this, a large quantity of fluid passes off, by simple evaporation, exceeding by far that secreted by the sudoriferous glands. (*Carpenter, Principles of Physiol.*, sect. 701.) The respiratory function of the skin, though not capable of sustaining life in an animal of such active vitality as man, is by no means inconsiderable. In some of the lower tribes of animals, indeed, it is a very important part of their respiratory process; and even in some vertebrata the cutaneous respiration is capable of supporting life for a considerable time. This is especially the case in batrachia, whose skin is soft, thin, and moist. Experiments which have been made on the human subject leave no room for doubt that a similar process is effected through his general surface.

The skin, therefore, by increased function during summer, keeps the temperature of the body down to the proper point by means of its secretory power, and the consequent evaporation: while it assists the liver in the decarbonization of the blood by means of its respiratory power. The manner in which these processes will be performed will depend much on the state of the dew-point—a high one interfering with, and a low one favouring, their proper performance. This brief explanation of the functions of the liver and skin may help to account for that sympathy that has been observed to exist between them.* Heat acts as a stimulus to both. Now we know that whenever a stimulus is applied to an organ, one of two things must, in general, ensue. If the stimulus applied be constant, and the excitement sufficiently kept up for any length of time, serious injury is likely to ensue to the organ itself, even so far as alteration of structure. But if the application of the stimulus be only temporary, or the force not in any great degree, then a reaction follows the excitement, and we have an exhausted state of the organ, producing diminution of its function, and susceptibility to the action of any depressing agent that may be brought to bear on it.

* Johnson "On Tropical Climates," p. 19, 242. Forrey on Climate, &c.

In Summer the liver and skin are stimulated during the day. In June and July the temperature of the atmosphere does not fall low enough at night to act as a sedative on the system, or to act positively on the system at all. During the summer of 1847, I kept a journal of the thermometer through these months, in a malarious district, and found the average temperature at eleven o'clock at night to be 69° Fahr. This temperature, as a general rule, would exercise no positive influence on the system; so that, although the liver is stimulated through the day by the heat, no evil results follow. It only experiences that state of reaction which always follows a period of excitement similar to what the rest of the body experiences after the labours of the day; all of which is removed by the refreshing influences of sleep.

In August, September, and October, while the heat of the day remains nearly the same as in the two preceding months, the average temperature immediately before sunrise is under 50°, and at eleven o'clock at night is very little above it. This change takes place very rapidly after sunset; and the effect will be very different from that experienced in July. The skin and liver being in a state of exhaustion from the previous excitement, will be very susceptible to the influence of the sudden change; and its obvious effect will be to drive the blood from the surface on the internal viscera, producing temporary congestion. The liver, on account of its previous activity being now the most exhausted organ of the viscera, will be likely to suffer most. And if the previous stimulation has been great, and the depressing agent sufficiently intense, the patient may have an attack of acute bilious fever. But if the causes act slightly, the tonic of the system being regained by sleep and rest, the viscera will be enabled to restore the equilibrium of the circulation before the temporary congestion will cause any irritation. The liver, however, from having the greater amount of the congestion thrown on it, may not be able, by its restored tonic, to press out the congesting fluid entirely, and parts of the organ will remain in a state of partial congestion. This, according to the degree in which it exists, may or may not interfere perceptibly with the functions of the organ. If the patient is not again exposed to the depressing influence of cold at night, the "*vis medicatrix naturæ*" will correct the effects of the preceding exposure (if they have been slight), and no ill results follow. But if he be repeatedly exposed to the same influences, every successive exposure will increase the existing morbid condition, and the functions of the organ will soon become obviously deranged, involving also, necessarily, the functions of the large and small intestines and stomach. He will have a bitter taste in his mouth on getting out of bed in the morning, furred tongue, yellow adnata, constipated bowels, languor, a dull heavy feeling over the eyes. The function of the skin by virtue of the "*cutaneo-hepatic sympathy*," mentioned before, becomes involved in the morbid condition. The surface is pale, dry, and sallow.* If the patient now take a purge of some medi-

* Dr. Samuel Jackson, Professor of the Institutes of Medicine in the University of Pennsylvania, has given many interesting facts to prove that nerve power is a modification of electricity. This electricity, he supposes, is generated in a vital chemical action in the union of an acid with an alkali, in the animal economy. Thus the blood is alkaline, and the juices of the tissues are acid, chemical action is the result, and currents of electricity, or nerve power, are evolved. The bile and the fluid secreted by the skin have the same relation. Now Dr. James Johnson has, we think, established the fact, that a sympathy exists between the liver and the skin, the secretions of both being in-

cine that acts on the liver, it will relieve the hepatic congestion, and he will be well. This I have tried repeatedly in my own case, and many times in others, and never knew it to fail. But if he continue to be exposed to the same influence as before, the hepatic derangement will go on increasing, the tonicity of the organ constantly becoming less, until at last, during one of the periodic determinations of blood to the part, before explained, it gives way; and the circulating fluid receding from the surface, collects in the liver, spleen, and portal vessels, in abnormal quantities, and we have the phenomena of a chill. The blood here soon acts as an irritant; reaction takes place, tonicity returns with excitement, and we have fever. If the previous congestion was not sufficiently intense to excite inflammation, the fever after a while passes off, and the patient has an *intermittent*. But if inflammation has been excited, or the irritation caused by the congestion continues, the fever only abates after the period of excitement, and the patient has a *remittent*. From the relation the liver sustains to the stomach, spleen, small and large intestines, its functions cannot be much deranged without the latter organs becoming affected, and it is easy to see how any of them may become involved in the course of the disease.

From the various modifications of the cause, the disease is met with in various degrees of malignity. From the greater length of the days at the solstice in this latitude, than nearer the equator, the approach of the season of cool nights is more gradual, and the change is seldom decidedly felt before the autumnal equinox. The disease is, therefore, more gradually produced, and later in making its appearance, than it is farther south. The system, to a certain extent, accommodates itself to the progressing lesion, and the morbid condition may be greater before the disease declares itself, and the paroxysm less violent than it is in places where the causes act with more power. May not this account for the obstinacy that intermittents sometimes present in this climate?

As we go south, the days become hotter on account of the sun's rays being more vertical. The dew-point also rises, and the power of the chemical rays is much increased. The nights are, relatively, cooler. As a consequence we have the disease in a more severe form. Farther south still, we have the causes increasing in intensity, and the disease in malignity. The *remittent* becomes there the prominent type. In Pensacola, New Orleans, and other places along the Gulf of Mexico, where the inhabitants are exposed during the day to the intense heat of a tropical sun, the hepatic stimulation must be very great; and the activity of the portal circulation must be increased in a corresponding degree. As a necessary result, the liver is in an exhausted condition, and the digestive organs have a predisposition to take on inflammatory action. But the nights are so cool as to make a blanket necessary to secure comfort; and the depressing influence of this low temperature is increased by the atmosphere being surcharged with moisture; variations in the dew-point in these latitudes being often as much as 30° or 35° in the twenty-four hours. When these agents combined come to act on the system in the condition in which it is left by the high temperature to which it is exposed throughout the day, the congestion produced must be very great, extending to the intestines and stomach; inflammation is excited in these organs, and we have *yellow fever*.

creased or diminished in the same ratio. In the condition of system mentioned above, both are diminished. The generation of electricity, *nerve power*, will also be diminished. May not this explain that languor which always accompanies this state of things?

Confirmatory of this view is the fact that the first attack of yellow fever takes place often in the night. (*Wood's Practice*, p. 297, vol. i.) The symptoms of the incipient stage of the severe form of remittent and of yellow fever are very much alike: the difference is only in degree, not in kind; and this is not greater than the difference in the intensity of the producing causes would lead us to expect. Yellow-fever, then, we think, is produced by the same causes as intermittent and remittent, but acting with greater intensity. We therefore meet with it only in places where these causes exist in a higher degree than where intermittents and remittents prevail. But on this point we must be more explicit.

It is generally supposed that countries lying under the equinoctial line, or close to it, are subject to the greatest comparative heat, which constantly decreases with the increase of distance from that line. This general rule must be admitted for the countries that lie between the tropics and the poles; but it may be questioned how far it is true of the countries within the tropics. A glance at a globe or sphere, shows that the sun, at the end of the first month after the equinox, has already advanced 12° of latitude towards the tropic, but in the second, it traverses only 8° . At the end of the second month it is consequently 20° from the equator. There remains, therefore, only $3\frac{1}{2}^{\circ}$ to be traversed in the third month. The sun recedes from the tropics in the same way. It passes, the first month, through $3\frac{1}{2}^{\circ}$, the second, through 8° , and the third, through 12° of latitude. Hence, it is evident, that at all places between 20° and $23\frac{1}{2}^{\circ}$ of latitude, the solar rays during two whole months fall at noon, either perpendicularly or at an angle which deviates from a perpendicular only by $3\frac{1}{2}^{\circ}$ at most. If we take a place intermediate between 20° and $23\frac{1}{2}^{\circ}$ of latitude, the solar rays must fall on it during two whole months either perpendicularly or in a direction *still less* removed from the perpendicular than in the former case. On the other hand, when the sun is passing the equator, two places on which the vertical rays of the sun fall, on two consecutive days, are nearly $\frac{1}{2}^{\circ}$ of latitude distant from each other; and a place situated under the equator exactly, has only during *six days* the sun as near its zenith as the above mentioned places, near the tropics, have it during *two whole months*. We might, therefore, presume that the summer heat of the latter position must be much greater than that of places near the equator. This degree of temperature must be still further increased by the greater length of the longest days, which, near the tropics, are $13\frac{1}{2}$ hours, but at the equator, they are always 12 hours.

This reasoning is borne out by experience. It is much to be regretted that so few intertropical meteorological observations have been published, and of these we know not how they were made, and how they were affected by local circumstances. There is, however, a well-established fact which clearly shows, that in summer the mean temperature near the tropics is higher than at the equator. This is the line of perpetual snow, which, in the Bolivian Andes, between 14° and 17° south latitude, was found, by Mr. Pentland, by a great number of observations, to be at the height of 17,000 feet, being 1000 feet higher than it is in Ecuador, under the equator. Poeppig, in traversing the Andes near 11° south latitude, found that here also the snow line was several hundred feet higher than under the equator. The difference would be still greater in the same degree of north latitude, as all places in the northern hemisphere have a higher temperature, as a general rule, than those situated in the southern at the same distance from the equator. The countries in which the great-

est degree of heat may be expected, therefore, are those that lie between the 16° or 17° of north latitude and the tropic of Cancer.*

From the course of the sun, the temperature will diminish more rapidly as we go north, than south from this belt. With this high temperature there is also a high dew-point. Humboldt has established the general fact (*Travels*, vol. ii. p. 88), that the humidity of the air approaches saturation as we advance to the equator; and that, after getting within the tropics, the dew-point rises much more rapidly than the thermometer. The same fact has been verified by Forry (*on Climate*, p. 113), and the tables of M. d'Aubuisson. The former has also shown that the atmosphere is more humid along the sea-coast, and in the vicinity of tide-water streams, than in the elevated regions of the interior, even when the temperature is the same (p. 46). In Key West, it is so loaded with humidity that books and other articles are soon covered with a greenish mould, and provisions spoil in a short time (*Ticknor on the Fever of Thomson's Island*, in *N. A. Med. and Surg. Journ.*, 1827). A similar state of the atmosphere exists in the West Indies,† and places bordering on the Gulf of Mexico, also on the western coast of Africa. Captain Alexander states, that during his voyage to the river Gambia, the hygrometer stood at 70°. In the Bight of Benin, it stood at 79°.

Bearing these facts in mind, in connection with the effects of a high temperature and dew-point on the system mentioned before, let us examine into the locale of yellow-fever. We find it in its most malignant form in the West Indies, along the gulf coast of Mexico, as at Tampico, Vera Cruz, &c.—all of which lie within the belt defined above as experiencing the greatest degrees of heat. We find it also extending south of this, as far as 5° of north latitude, and north, to New Orleans, Mobile, and Charleston. It also prevails as an endemic on the western coast of Africa. But, although its locale there is without the above limits, yet thermometrical observations show a temperature equal, if not greater than that of the West Indies.‡ It has also been met with in Baltimore, Philadelphia, and New York; but only when the temperature of these places was equal to that of those visited by it—the average being 80°.

It has been urged by the advocates of the tellurial origin of yellow fever, in support of their views, that the disease is not met with on the eastern coast of Africa, or in the East Indies, though in the same latitude with the western coast and the West Indies, where the disease is so prevalent. The difference in effect, say they, must be owing to some difference in the soil. But this argument is more specious than solid. Very little is known of the eastern coast of Africa. While the western coast carries on an extensive

* Maltebrun, for the sake of description, subdivides the torrid zone into three. Of these, he says "the equatorial zone, properly so called, is temperate in comparison with the zone of the tropic of Cancer, which contains the hottest and least habitable regions of the earth." *Universal Geog.*, lib. xvii. p. 148.

† "The moisture of the atmosphere is so great that iron and other metals easily oxidated, are covered with rust. This humidity continues under a burning sun. The inhabitants live (say some writers) in a vapour bath." (Maltebrun's *Universal Geog.*, lib. xciii.)

‡ "The sea-coasts of this region (the tropical region of Western Africa), experience the most intense heat that is known in any part of the globe. The cause of this is to be found in the east winds, which arrive on these coasts after having swept over the burning surface of Africa in all its breadth. * * * Of all the countries of Western Africa, the Gold Coast seems to be most subjected to most intense heat. Near the Rio Volta, Isert saw the thermometer of Fah. rise to 95° in an apartment, while it was at 134° in the open air." (Maltebrun's *Universal Geog.*, vol. ii. lib. lxvi. p. 68.)

trade with European nations in gold-dust, ivory, and slaves, and is also the seat of two flourishing colonies; the eastern, in the same latitude, is seldom visited by Europeans. So little, indeed, is known of it, that the existence of the Lupata mountains, a chain laid down on most maps as running parallel to the coast, still admits of dispute among geographers. The Portuguese settlement of Mozambique, situated between 10° and 20° south latitude, is the only part occupied by Europeans. And, although we have no accurate description of its climate, yet we have the general fact stated, that it is so unhealthy that "at an average of one hundred soldiers, seven only survive a residence of five years." (*M'Culloch's Geograph. Dict.*, art. Mozambique. See also *Julia sur l'Air Marecageux*, p. 14.)

But even were the fact established that the disease is not met with on the eastern coast of Africa or in the East India Islands, though situated in the same latitude with the West Indies, Vera Cruz, &c., it does not militate against the theory here advanced. The same latitude does not imply the same temperature. Temperature is affected by other agencies, as the nature of the soil, the prevailing winds, the quantity of moisture, the electrical state of the atmosphere, elevation, and the physical character of the adjacent countries and seas. The influence of these is very great. Thus Mr. Webb found the snow line on the southern declivity of the Himalaya mountains, at an elevation of 13,000 feet; while on the northern declivity, though a degree further north, the snow line ascends to 16,000 feet. Here they more than neutralize the effects of one degree of latitude. The southern declivity rises abruptly from the low plains of the Ganges. The northern, though steep, does not descend to a low country, but terminates in an immense plain, the surface of which is 10,000 feet above the level of the sea. The radiation from this surface is the cause of the difference in temperature. (*Penny Cycloped.*, art. Climate.)

The temperature of the countries of Western Europe differs by 8° or 10° from those on the eastern coast of our own country in the same latitude. A similar difference is found to exist between our Pacific and Atlantic coasts.

The discrepancy between parallels of latitude and isothermic lines is further shown by the observations of Humboldt. His isothermal line of $55^{\circ} 40'$ Fahr. passes near Philadelphia in latitude $39^{\circ} 56'$; on the Pacific coast it is found at Cape Foulweather, a little south of the mouth of the Colombia river; near Pekin in China, latitude 40° , and near Bourdeaux in Europe, latitude $45^{\circ} 46'$. The isothermal line of 32° shows a still greater difference. It passes between Uleo and Enontakies, Lapland, situated respectively in latitude 66° and 68° ; and through Table Bay, Labrador, in latitude 54° . These lines were run on the annual temperature. Those of seasons differ as much. Thus the isothermal line, (of equal summer temperature,) as ascertained from data furnished in the *United States Army Meteorological Register*, passes through Key West, latitude $24^{\circ} 33'$, and Fort Gibson, latitude $35^{\circ} 47'$. (*Ferry on Climate.*)

But although they have not the yellow fever in the East Indies, yet they have very severe forms of bilious fever—as the jungle-fever and the Bata-vian fever; the latter of which it would be very difficult to distinguish from yellow fever. The one, as described by Mr. Shields, surgeon in the British Navy, and the descriptions of other physicians in the southern part of our own country and in the West Indies, when compared, show that they are nearly, if not altogether, identical.

In order to test the accuracy of the opinions I had formed in regard to the cause of intermittent fever, I instituted the following experiment. As

mentioned above, the disease was prevalent every Spring and Fall where I lived. About a mile distant there was another plantation where it was unknown. I thought that if these views concerning the origin of the disease were correct, the daily oscillations of temperature of the two places would show a difference corresponding to that exhibited in point of health. At the beginning of the month of April I procured two thermometers exactly alike in appearance, made by the same manufacturer; and after trying them in fluids of various degrees of temperature, to make sure that they agreed, I left one at the place exempt from the disease, and got a member of the family to mark it immediately before sunrise, at twelve o'clock M., three P.M., sunset, and at ten o'clock at night. I kept the other myself, and marked it at the same hours.

A record of most of the cases of the disease as they occurred was also kept. Owing to the length of the tables thus obtained, and their being somewhat imperfect, they are here omitted. As far as they go, however, they establish the fact, that the temperature was higher at three o'clock P.M., and lower at sunrise and ten o'clock at night, at the place subject to the disease, than at the place exempt from it; and that this difference was greater in April, May, and the early part of June, than in the latter part of June and July.

Up to the 20th of April, the thermometer was on one occasion only as high as 70°, and only thrice above 60° Fahr. Below 60° the temperature is not sufficiently high to lessen materially the demand on the heat-generating apparatus within the system. It has still to produce enough of heat to keep the temperature of the body 38° above the surrounding atmosphere. Oxygen, from the part it plays in this process, must still be taken into the system in considerable quantities; and the lungs, being the organ by which this is effected, continue, comparatively speaking, in reference to the liver, the stimulated organ. If a person, under these circumstances, be exposed to cold of sufficient intensity to cause internal congestion, the brunt of the congestion will fall on some part of the respiratory apparatus, and he will have an attack of catarrh, pleurisy, bronchitis, or pneumonia—diseases quite common at this season.

From the 20th to the end of April, the thermometer, with one exception, was above 70°, and half of the time above 80°. The demand on the heat-generating apparatus within the body is evidently much lessened. It has now to produce only enough of heat to keep the temperature of the system about 20° above the surrounding medium. Less oxygen will, therefore, be taken in, and consequently less carbon thrown off as carbonic acid from the lungs than in the former case; and there will be more of the decarbonizing labour thrown on the liver. It now becomes stimulated. If, under these circumstances, a person be exposed repeatedly to a low temperature, as was the case here in the mornings and evenings at the place subject to the disease, so as to produce internal congestion, the liver will bear the burden of it; and he will have an intermittent or some other disease of hepatic origin. Accordingly we have several cases occurring about the last of April, and the beginning of May. After the first of June the temperature at sunrise was below 60° in a very few instances only. It was at these times that the cases of disease met with after this period occurred. The range of the thermometer at sunrise and ten o'clock, P.M., during June and July, with very few exceptions, showed a temperature not low enough to repel the blood from the cutaneous surface on the internal viscera. In July it averaged 70°.

I was prevented by circumstances from continuing the table through August, September, and October, which I very much regret. From the prevalence of the disease during these months, a table of their temperature would be of great importance. The range of the dew-point ought also to have been kept; as the effects of both extremes of temperature are much increased by humidity of the atmosphere. But I was prevented from doing this on account of the difficulty of obtaining ice.

An interesting question now presents itself, viz.: how can differences of temperature so marked be accounted for in places at such a small distance apart? This is readily explained by a little attention to their topography. The place subject to the disease is situated on the east side of, and about 150 yards from, the James river, on a hill about 50 feet above the level of the stream. Between the base of the hill and the river is a level piece of ground, with a sandy alluvial soil, about 60 or 70 yards wide. The soil, too, all around the house partakes strongly of the sandy character. The banks of the river are precipitous, and the difference between high and low water-mark is only about four feet. The place exempt from the disease is situate on a higher hill, and three quarters of a mile farther from the river. Extending all around between it and the river is a piece of woods having a thick undergrowth. The soil is argillaceous. Now we know that sand is a good radiator but a bad conductor of heat. During the action of the sun's rays the sandy soil at the place subject to the disease radiated more caloric than the argillaceous soil at the place exempt from it; consequently, the temperature at the former place was the higher during the day. But the sandy soil, being a bad conductor, was heated in the day-time to a very limited depth only, and after sunset its high radiating power brought its temperature down rapidly, so that in a short time it ceased to impart caloric to the superincumbent atmosphere. At the same time the river continued to absorb heat from the air until both became of the same temperature. A low temperature at night was the consequence. On the other hand, at the place exempt from the disease, the soil being a better conductor became heated during the day to a greater depth; it therefore retained its heat longer, and continued to impart it through the night to the air; and the temperature was thus kept higher than at the former place.

This reasoning derives confirmation from the experiments of Sir Humphry Davy. He found that when soils are perfectly dry, those that most rapidly become heated likewise cool most rapidly. A rich black mould, which contained one-fourth vegetable matter, had its temperature raised in an hour from 65° to 88° by exposure to sunshine, while a chalk soil was heated only to 69°. But the mould, being removed into the shade where the temperature was 62°, lost 15°; whereas the chalk, under the same circumstances, had lost only 4°. Alluvial and clay soils show similar results.

The experiments of Davy are important in another respect. They enable us to account for the prevalence of these diseases in places the soil of which is rich in animal and vegetable matter. This fact has been long familiar to the profession; and has led to the belief by many, that they are caused by a poison generated in the process of vegetable and animal decomposition. In the early part of this essay we showed the fallacy of such a doctrine. Davy found, that, of the ingredients of soils, animal and vegetable matter facilitates most the diminution of temperature; also that this property is much increased in all soils by the addition of moisture. A clay soil previously dried was artificially heated to 88°, and then exposed

in a temperature of 57°. In half an hour it had lost only 6°. But an equal portion of the same soil, containing moisture, after being heated to 88°, and then exposed in a temperature of 55°, was found in one quarter of an hour to have attained the temperature of the room. Now the soil of nearly all places bordering on tide-water streams is rich in these two ingredients. A high temperature during the day and a low one at night are thus produced. Accompanying this there is also a humid condition of the air. "The atmosphere in the neighbourhood of currents of water becomes much more highly charged with aqueous vapour than that of the uplands." (*Essay on the Influence of Water on Temperature of Soils, in Journ. of the Royal Agricultural Soc. of England*, by J. Parkes, Esq., Chief Engineer to the Soc., 1844.)

This is verified by the observations of Professor Gardner. He found the air, four feet above a sheltered marsh where he made his observations, in the height of summer to be so fully charged with the vapour of water during the day, as to be within a few degrees of saturation, and surcharged with vapour at night. From observations made on an adjoining hill, 700 feet distant, and elevated 150 feet, the air exhibited a dryness of 12°, 16°, and 21°, above the marsh. (Gardner on the "Dew-point," in *Am. Journ. of Med. Sciences*, January, 1846.) The heavy dews of low places prove the same fact. This humid condition of the atmosphere increases the effects of the high temperature during the day by interfering with the pulmonary and cutaneous transpiration, and of the low temperature at night, by its being a better conductor of caloric than a dry one. A temperature that would be perfectly harmless to vegetation when the air and the plant both are dry, will produce frost after a rain and when the air is moist, and thus become injurious. Of this fact every farmer is well aware. The difference in respect to night temperature between places near, and those remote from, streams of water, is further shown by what takes place on the occurrence of the late frosts of the Spring, and the early frosts of the Fall. Near the streams they are always more severe than at a distance, so that plants in the former situations are often killed, while in the latter they escape unhurt. Similar is the effect on the animal economy. The severest forms of the disease are always met with along the river courses; and in southern countries, in such situations, it assumes the type of yellow fever; while in the interior it presents the severe remittent form. As we proceed north the remittent becomes the prominent type along the bodies of water, and gradually becomes lost in the intermittent as we recede from them towards the uplands, until at last the disease disappears.

To the diseases already mentioned as being produced by these causes may be added dysentery. Congestions of the hepatic vessels must gorge the veins that combine to form the vena portarum. From the enlarged spleen produced by intermittents of long standing, we have reason to infer, that in slight congestions the splenic vein is the one chiefly involved. Whatever gorges the splenic vein must gorge its tributary, the inferior mesenteric, which carries the blood from the rectum and the descending colon. On this congestion of the mucous membrane inflammation is easily lighted up. As in fevers the congestion may exist in various degrees from that which produces the mild intermittent, to the severest forms of yellow; so here we have its effects varying from a diarrhœa to the severest forms of sporadic cholera.

The identity of the causes of dysentery and intermittent fever is held by most writers on the diseases of tropical climates. They attribute both

to malaria. Both diseases prevail at the same season of the year: dysentery among the hills and elevated regions of the interior, and intermittents and remittents in the low, level countries along the sea-coast. In many places they appear together, the one running into the other. (*Ferry*, p. 220; *U. S. Army Med. Stat.*, p. 27; *Johnson on Tropical Climates*, &c. &c.)

We are now able to explain the occurrence of the disease in the situations described by Dr. Ferguson, on which he founded his theory. He says:—

"In the month of June, 1809, our army marched through a singularly dry, rocky, and elevated country on the confines of Portugal, the weather having been previously so hot for several weeks as to dry up the mountain streams. In some of the hilly ravines that had lately been water courses, several of the regiments took up their bivouac, for the sake of being near the stagnant pools of water that were still left among the rocks. Several were seized with remittents before they could leave the bivouac next morning, and that type of fever continued to affect the portion of the troops, exclusively, which had so bivouacked for a considerable time." * * *

"The army advanced to Talavera, through a very dry country, and in the hottest weather fought that celebrated battle which was followed by a retreat into the plains of Estremadura, along the course of the Guadiana river, at a time when the country was so arid and dry for want of rain, that the Guadiana itself, and all the smaller streams had, in fact, *ceased to be streams*, and were no more than *lines of detached pools* in the courses that had formerly been rivers; and there they suffered from remittent fevers of such destructive malignity that the enemy, and all Europe believed, that the British host was extirpated; and the superstitious natives, though sickly themselves, unable to account for disease of such uncommon type amongst the strangers, declared they had all been poisoned by eating the mushroom (a species of food they hold in abhorrence), which spring up after the first Autumnal rains, about the time the epidemic had attained its height. The aggravated forms of the disease differed little or nothing from the worst yellow fevers of the West Indies; and, in all the subsequent campaigns of the Peninsula, the same results uniformly followed, whenever, during the hot season, any portion of the army was obliged to occupy the arid encampments of the level country." (*Marsh Poison*, p. 5.)

Similar instances are given by Sir Gilbert Blane. In all these, the sandy soil radiated powerfully through the day, making the heat very great; but being a bad conductor, it was heated to a depth very little below the surface, and radiation ceased soon after sunset. The pools acted like the river in the place where the observations given above were taken, and a low temperature at night was the consequence.

But these oscillations of temperature may vary in respect of each other. They may be compared to two forces co-operating to produce a given result, which may vary in the relative amount of power exerted by each. If one does less the other must do more, and *vice versa*. So here, if the heat during the day be great and long continued, and the dew-point high, the liver and skin are much weakened by stimulation, and the disease may be produced by a change of temperature that would be innocuous if the previous stimulation had been less.* On the other hand, if the heat of the day has not been great, it will require a greater daily depression to

* Within the torrid zone, the system becomes so sensible to changes of temperature, that a fall of a few degrees of the thermometer is sufficient to cause the inhabitants to suffer from cold. Humboldt relates that he and his companions were prevented from sleeping by the cold, while the thermometer stood at 71° Fabr. "The humidity which modifies the conducting power of air for heat, contributes greatly to these impressions."

produce the disease. Hence it is that two places may have the same temperature during the day; but one, by being near a mill-pond, or a sheet of stagnant water under some other name, will have its temperature at night brought lower than the other, and its inhabitants will be subject to intermittents, while those of the other place will be exempt from them.

This enables us to explain the fact so often met with, that places perfectly healthy, situated near a rapidly running stream, become sickly after the stream has been changed into a state of stagnation by having a dam thrown across it. The channel of all rapidly running streams is shallow and rocky. The rocks become heated through the day and radiate at night. The stream being shallow becomes itself heated. Also in a rapidly running current there is a great deal of friction. Unless it be an exception to everything else in physics, it must generate caloric. These three combined, must impart considerable heat to the superincumbent air during the night. But when the stream becomes stagnant they are all arrested.

We can also see why the disease is more apt to attack individuals inhabiting the first floor of a house than those in the second. The temperature at night is always lower in the former than in the latter. Dr. Wells found a difference of from 7° to 12° in this respect. The following is from a tabular view of his observations on this subject, made on the evening of the 13th of May, 1813:—

	6 h. 45 m.	7 h.	7 h. 20 m.	7 h. 40 m.	8 h. 45 m.
Heat of the air 4 ft. above the grass	$60\frac{1}{2}^{\circ}$	$60\frac{1}{2}^{\circ}$	59°	58°	54°
" " on the grass plat	53	51	$49\frac{1}{2}$	49	42

Our own observations found the difference between the upper and lower floors of a house two stories high, to vary from 6° to 10° . The effect of this difference is much increased by the greater humidity of the air near the ground. The walls of rooms on the first floor we have seen covered with a heavy deposit of dew, while the rooms above were perfectly dry.

This enables us, also, to account for the prevalence of the disease in the outskirts of large cities, and along the wharves; while in the centre, where the streets are paved and thickly built, it is rare. In the former situation, from the sparseness of the houses and the absence of the pavements, there is comparatively little heat imparted to the air by radiation after sunset. Also the contiguous river and the pools of stagnant water always met with in such situations absorb caloric. A reduction of temperature is the consequence. Whereas, in the centre of the city, the houses and pavements becoming heated during the day, radiate through the night, and thus a low temperature is prevented.

New countries, when first brought under cultivation, are often fertile sources of these fevers, but become healthy as the country becomes more improved. It may be thus accounted for. In all new countries there is a predominance of forests. Indeed, in some places, the settlements, in comparison to them, in extent are like islets to the ocean. The surrounding wood interferes much with that circulation of air so refreshing and so much needed during the day in the summer season. The heat of such situations is therefore greater than that of a clear, open country. The air, also, being in a state of partial stagnation, becomes more humid. The temperature of the forest, at the same time, is kept low by evaporation from the surface of the leaves and by the foliage, preventing the caloric rays from reaching the ground.

(*Travels*, p. 402.) The same fact is mentioned by Bouguer, in reference to the climate of Martinico (*Fig. de la Terre*), and by Captain Bligh. (*Voyage to the South Seas*, pp. 265, 316.)

It is a fact well known that snow lies longer in forests than in the open country adjacent. It is remarked by Umfreville that, at Hudson's Bay, the ground in open plains thaws to the depth of four feet, and in the woods to the depth of only two. Moreover, it has been determined by thermometrical experiments, that the temperature of the forest at the distance of twelve inches below the surface of the earth is, compared with an adjacent open field, at least 10° lower during the summer months; while no difference is observable during the season of winter. After sunset, the surrounding woods act here like the pools and streams of water afore-mentioned. This action is assisted by the soil of such places containing much vegetable matter, a substance which, Davy has shown, parts with caloric very readily. A low temperature at night is thus produced. It is easy to see how repeated attacks on the domain of the forest, and continued cultivation, remedy the evil.

We can also understand how indiscretions in diet, and the depressing passions, as fear, grief, &c., aid in producing the disease. "Congestion of the portal system is liable to occur when the alimentary canal is distended with food." (*Carpenter's Physiology*, p. 543.) The depressing and perturbing passions, as fear, grief, anxiety, cause the blood to recede from the surface, as is shown by the ashy paleness which they always produce.

Over-indulgence in rich food, containing much fatty matter, likewise predisposes to these fevers. Fat contains 80 per cent. of carbon, peas and beans 37 per cent., potatoes 12 per cent., and bread 30 per cent. Indulgence in rich animal diet in warm weather, when there is so little need for the consumption of carbon for keeping up the temperature of the body, will have the effect of throwing more labour on the liver. It will be stimulated; and, as a consequence, rendered more susceptible to the influence of the diurnal changes of temperature. A vegetable diet, on the other hand, contains comparatively little carbon, while it is rich in protein, the proximate element of all the tissues. In the warm season it will obviously be more conducive to health than the other.

Another interesting fact connected with these diseases is, that they are arrested by a heavy frost. A little attention to the effects of frost on the air enables us to account for this. The humidity of the atmosphere of such situations during the sickly season has been already mentioned. This is precipitated by frost. The air then becomes a bad conductor of heat and electricity, and has a bracing effect on the system. Fires are now made up night and morning. Winter clothing is put on. All these coöperating, prevent that internal congestion from which the disease takes its origin. A frost not heavy enough to make the inhabitants thus act on the defensive, never arrests the disease. All writers on the subject, as well as the residents of those districts where it prevails, agree on this point.

In accordance with the theory here entertained, is the popular prophylactic measures universally recommended in malarious regions. Popular belief is generally founded on correct observation. If a stranger goes into a neighbourhood where the disease is prevalent, and asks what measures he must take to escape it, he will be told by every one to avoid the hot suns by day, and the cool, damp air by night; not to expose himself after sunset, nor before the sun has risen high enough to dispel the chilliness of the morning air: or, if he has to expose himself at the dangerous hour, to see to it that he is properly protected by additional clothing. All writers on the subject recommend the same thing. "A person may, I believe, sleep with

perfect safety in the centre of the Pontine marshes, by having his room well heated by a fire during the night (*Sir J. Clarke, Sanative Influence of Climate*, p. 117). The utility of fires has been mentioned also by Pliny, who quotes the authority of Empedocles and Hippocrates to the same effect. Lancisci points it out at Rome, and Napoleon used them very largely and with success when his armies were occupied in the worst districts of Italy. It was also resorted to in Africa. "A superintendent engaged in directing the cutting of wood erected thirty earthen furnaces on the spot where his men were at work, lighting them every day. Before this he had always from forty to forty-eight of his workmen sick; when, in a short time they were reduced to twelve, then to four, and finally to one" (*M'Culloch on Malaria*, pp. 285-6).

I proposed the following two questions to an officer of our navy who had spent between two and three years in the Gulf of Mexico. 1. What measures were adopted, during your connection with the Gulf squadron, to protect the men against fever? 2. Was there any difference in the habits, manner of living, &c., between those who had the disease and those who had not? If so, state it.

In reply to the first, he said that orders were given to the men every evening at, or immediately before sun-set, to put on their flannel jackets; to the second, that they who neglected to put on their jackets had fever, while they who complied with the precautionary orders escaped, generally speaking.

Sir James Clarke, in his work above referred to, in describing the climate of the different places, generally has given the daily range of temperature and the prevalent diseases. Wherever the former is great, malarious fevers are given among the diseases. The reverse is the case where it is small. Thus at Pisa, Naples and Rome the daily range is great, and intermittents and dysentery are prevalent; while at Madeira and New South Wales, where the daily range is small, they are unknown.

It has often been observed that the crews of vessels lying at some distance from a malarious coast, if they sleep on board of the vessel, remain healthy; while those of them who may happen to remain over night on shore are attacked by the disease. This has been explained by the disciples of the miasmatic school by saying that the poison is destroyed by passing over a body of water. As to the extent of water necessary for this purpose they are not agreed. Sir John Pringle and Sir Gilbert Blane found eight or nine hundred yards sufficient in the neighbourhood of Walcheren. The former, however, found five miles not enough on another occasion. Lind makes three miles the maximum to which it will travel; while M'Culloch thinks it may be carried from Holland to England, or even to Scotland. A more philosophical explanation of this fact is furnished by a reference to the temperature of the sea and of the land. The diurnal extremes of temperature of places bordering on bodies of water has already been mentioned. But the case is different at sea. Humboldt remarks that "in the Atlantic between 11° and 17° of latitude, the greatest variations of heat rarely exceeded 1.5° or 2° ; and I often observed that from ten in the morning to five in the evening the thermometer did not vary 0.8° of a degree. In looking over 1400 thermometrical observations made during the voyage of M. Krusenstern in the equatorial regions of the South Sea, we see that the temperature of the air changed from day to night only 1° or 1.3° cent." (*Travels*, vol. ii. p. 57.) M. Peron says that "everywhere the sea is colder at noon and warmer at night than the surrounding air." (*Annales du Museum*, tom. v. pp. 123-148.) This is in harmony

also with the experiments of Ellis, Foster, and Irvine (*Humboldt*, vol. ii. p. 71).

The dew-point over the sea resembles that of high and dry places in the interior of the country. This was proved by the observations of Captain Sabine during his voyage to the tropics to ascertain the length of the second's pendulum. His register commences on the 20th of February, 1822. During this voyage three measures were made daily, viz. at 8 A. M., 1 and 6 P. M. The observations were continued on the Gambia and Rio Grande rivers. The mean temperature was found to be 70° Fahr. and the mean dew-point 57.7°; hence the average drying power was 12.3°.

Compare these observations at sea with those made on shore at Sierra Leone from the 25th of February to March 22d. These give 78.85° as the average mean of the thermometer, and 72.7°, as the average dew-point; so that the average drying power here was but 6.15° or only half of what it was on the adjacent seas.

From this it appears that at sea there is a more equable diurnal temperature and a drier atmosphere than there is on shore; hence one is healthy and the other unhealthy. But if a vessel be near the shore, and the wind blowing from the land, the persons on board experience more or less of the land climate according to their distance from the shore; and with it the land diseases.

That the cause here advocated is of itself capable of producing the disease, most writers on the subject admit. "Some have supposed that all cases of intermittent have the same origin. Experience, however, is opposed to this opinion. We every now and then meet with instances which can by no possibility be traced to miasmata." (*Wood's Practice*, vol. i. p. 239.)

"We see then this important agent (malaria) greatly varying in force; and from standing occasionally the unaided principle, the *instar omnium*, in the production of fever, dwindle away until it can be scarcely distinguished among the *auxiliaries*.

"Such being the case, is it not probable that when the latter are numerous or powerful, they may in some instances induce the aforesaid disease without the assistance of marsh exhalations?" (*Johnson on Trop. Clim.*, p. 122.) "Soldiers and others have been attacked and died of yellow fever before they landed in the West Indies or could be exposed to the influence of the land miasmata in any shape." (*Ferguson*.)

The experiment of M. Brachet is important and interesting in reference to this. Towards the close of October in the year 1822, when the water was cold, he bathed at midnight for several successive nights in the river Saone. After each bath he betook himself to a warm bed, and in a short time was affected with a considerable reaction which terminated in a perspiration. At the end of seven days he omitted the practice, but was, nevertheless, affected nightly with a regular intermittent paroxysm. This continued for a week, but as he was tolerably well during the day, he determined not to interfere with it. On the seventh night he was summoned before midnight to a woman in labour. The ride to her house heated him, and on his arrival there he kept up the heat by placing himself before a large fire, and from that time the febrile phenomena ceased.

This experiment proves the theory almost to a demonstration.

But while it is acknowledged by those who hold the theory of a tellurial origin, that the causes here advocated may and do produce the disease, it is likewise admitted that the miasm may lie dormant in the system for months, yea for years, if not called out by exposure to extremes of tem-

perature or by some other of the "auxiliaries." If it may lie dormant for years, what is to hinder it from remaining so for life? If then, the causes here entertained are sufficient of themselves to produce the disease; and if the miasm is not able of itself to produce the same effect, is it logical—is it philosophical—to make miasm *the cause*—the "*instar omnium*"—of all the mischief?

The periodicity of intermittent fever has given rise to much curious theorizing, which we need not here examine.

In the early part of this essay we have shown that the circulation is more active in the portal system in summer than in winter; also that it is subject to periodic augmentations every day after each meal. We have also shown how a high temperature, long continued, produces debility of the liver, and how this debility is increased by the congestions produced by repeated exposures to the night air, which, in miasmatic districts, is always cool and damp. Under the continued action of these agents this debility goes on increasing: the tonicity of the organ decreasing in the same proportion, until at last, at one of the periodic determinations of blood to the part, the tonicity gives way, and the blood collects in abnormal quantities in the portal vessels, and gives us the phenomena of a chill. A chill is, therefore, nothing more than the natural periodic determination of blood to the part, taking place in excess. The time at which it most generally occurs corroborates this view, viz.—in the morning, about noon, or in the afternoon. This is the rule: but as the human body is exposed to a number of deranging influences, and people differ much in their habits; so we every now and then meet with cases which exhibit a deviation from it. We can thus account for the occurrence of the first paroxysm. A recurrence of the chill is prevented by the fever that follows, so long as it lasts. But it having passed off, and the atony of the liver and portal vessels remaining, we might expect a return of the ague fit at any of the regular periods of determination of blood to the part. Here, however, we find another law of the disease which we are unable to explain. We cannot tell why a paroxysm occurring in the morning has a disposition to return the following morning, and thus give us a *quotidian*; while one occurring about noon is apt to pass over a whole day, and reappear on the third at the same hour, giving us a *tertian*; while one occurring in the afternoon will pass over *two* days, and thus give us a *quartan*. A solution of this must be sought for in the physiological laws of the organ involved. Our knowledge of these, however, is very imperfect; and so long as it is so, any attempt to explain its pathological laws must end in failure. The one is only a modification of the other.

If the congestion produced by the first paroxysm has been sufficiently great to excite inflammation, the febrile condition of system continues; but if the inflammation be not extensive, the organ still acts, to a certain extent, in accordance with its physiological laws; and the disease presents remissions and exacerbations corresponding somewhat to the paroxysm and pyrexia of the intermittent. We have thus the phenomena to which the term *remittent* is applied. But if the lesion produced by the congestion be very extensive, the derangement of system is so great as to set aside entirely the physiological laws of the organ involved; and we have the *continued* form of the fever.

In conclusion, we give the following as a summary of our views on this subject:—

1. That the lungs and the liver are the great decarbonizing organs of the

body ; that, their function being complementary, the activity of that function is always in an inverse ratio.

2. That during winter, the lungs, from the part they perform in the generation of animal heat, are the more active organ. On the other hand, in summer, the liver is the more active.

3. That exposure to a low temperature repels the blood from the surface to the internal organs. If this exposure takes place in winter, the lungs being then the active organ, the brunt of the congestion falls on some part of the respiratory apparatus: hence, we have bronchitis, pleurisy, pneumonia, and catarrh, as the prevailing diseases.

4. But if this exposure takes place in summer, the liver being then in a state of stimulation, the force of the congestion falls on it. It becomes deranged, involving all those organs, more or less, whose blood has to pass through the liver to reach the heart. Hence, we have bilious affections, as intermittents, remittents, dysenteries, &c., as the prevailing diseases.

5. That the pulmonary diseases of winter and of cold climates, and the hepatic diseases of summer and of warm climates, are both produced by the same agents acting on the system. The different effects being solely owing to the different modifications of the agents, and the different conditions of the system when exposed to their influence; and we might with as much truth say that malaria was the cause of the one as of the other.*

Nature is simple in all her operations. It is only in proportion to our ignorance that she appears mysterious. The mystery that all admit to hang over the origin of these diseases, and the failure that has hitherto attended every effort to explain it satisfactorily, we think is solely owing to the spirit of inquiry being on the wrong track. The idea of a specific poison, first started by Lancisci, has been embraced by most writers on the subject ever since: as a consequence, their labours have been expended in tracing the origin of a thing, the very existence of which is hypothetical.

Of the truth of this, the Proteus-like appearance that this agent assumes in the hands, or rather the heads of different writers on the subject, is *primâ facie* evidence. Thus one describes it as being softened or entirely disarmed by passing over 800 yards of water. (Sir G. Blane.) Another thinks it can safely perform the voyage from Holland to England, yea, even to Scotland, a distance of not less than four hundred miles! (M'Culloch.) It cannot ascend to the second story of a house, and yet can seize its victim on a mountain side four hundred feet high. (Ferguson.) Stygian-like it ascends from the bowels of the earth, and angel-like descends with the dews from heaven. Were it delineated with all its eccentricities attached, I doubt much if even its most devoted admirers would be pleased with the picture.

Note—I take this opportunity of expressing my obligations to Dr. Heiskell, acting Surgeon General, for copies of the *Army Meteorological Register*, and of the *Army Medical Statistics*; to Lieut. M. F. Maury, of the National Observatory, and to W. C. Bond, Esq., of the Observatory of Harvard University, and to Professor Phillips, of the University of North Carolina, for valuable meteorological tables; also to Dr. Geo. Metcalf, of Mendon, Mass., for meteorological tables, and statistics of disease. Owing to the series of tables not being complete, I have postponed drawing on the valuable information they contain, for the present. On a future occasion I may resume the subject.

* Since this essay was prepared, Dr. Hays pointed out to me a paper by Dr. Bell, of this city, in which nearly the same views are advocated. I have since read the paper, and feel strengthened by the thought, that another, differing much in the manner of investigating, should be led to the same result.

ART. XI.—*Cases of Partio-general Paralysis.* By PLINY EARLE, M. D.,
Physician to the Bloomingdale Asylum for the Insane, New York.

THE disease illustrated by the following cases is generally known to the French as *Paralysie Générale*. In English, it is designated by two terms, *General Paralysis* and *The Paralysis of the Insane*. To the former appellation there exists the important objection that it is not sufficiently distinctive, inasmuch as it is applied to another disease, the ordinary general paralysis, or double hemiplegia. The term *Paralysis of the Insane* is objectionable, because it is a phrase, rather than a name. Again, to some physicians it may be unsatisfactory, since they believe that the anormal condition which it implies is not peculiar to the insane, but may exist without coincident mental aberration.

The most correct, the most truly scientific basis of medical nomenclature, is the pathological condition of the system, or of the organs involved. But, in the present state of our knowledge, it is impossible to erect a nosological superstructure upon this foundation. In the particular disease under notice, the meninges of the brain are found, upon post-mortem examination, in a condition of chronic inflammation. This is especially true of the arachnoid membrane, and hence the disease has been called *chronic arachnoiditis*. This term is most evidently inappropriate, from the fact that chronic inflammation of the arachnoid very frequently occurs unaccompanied by paralysis or by mental alienation. Indeed, the existence of these latter symptoms, or phenomena, is the exception and not the rule. Softening of the brain is also very common in the *paralysie générale*, yet similar reasons to those just alleged would render absurd the attempt to designate the disease as *cerebral ramollissement*.

The anormal state revealed by necroscopical investigations affording no resource for the formation of an exclusive or specific name, it becomes necessary to resort to the *symptoms* by which the disease is manifested. The most peculiar and distinctive of these is a *partial* paralysis of the *general* muscular system. Rarely are the muscles of any organ completely deprived of the power of motion in obedience to the will, and when they are reduced to that condition, it is as a sequel to a protracted state of partial palsy.

For the reasons thus briefly presented, I believe the term *Partio-general Paralysis* to be the most appropriate for the disease—the most definitive of it. That name is consequently adopted in the caption of this article.

CASE I.—H. S. was born in Connecticut. In stature he was tall; his hair brown; temperament bilious-nervous, the nervous greatly predominating; intellect and education good. He was naturally highly irritable and easily provoked to anger. He was also constitutionally prone to

nervous disorders, but was said to have inherited no predisposition to insanity. He left his native state and commenced business in Georgia, where he remained several years. While there he was a "free liver," drank wine daily, but, it is said, never to intoxication.

In the general convulsion of the mercantile community, in 1837, he failed in business, and subsequently removed to New York, where he established himself as a broker.

He was married while at the South, had several children, and his wife died before he returned to the North.

For some years he was very eccentric. In 1845 he had an attack of paralysis, fell in the street, was taken home and so far recovered that he was called well. His mind, however, was enfeebled, his manners more eccentric, and he did not recover the entire stability of gait, or perfect enunciation of speech, although a casual observer might have perceived nothing peculiar in his walk.

Not long afterwards, he grew rapidly worse; his mind became more feeble, and at length it was necessary to confine him to the house, where a man was employed to have the charge of him.

His bowels were habitually costive; he was at times noisy, inattentive to personal cleanliness, and once or more stripped off all his clothing and ran about the house. A simple enema of water was administered daily.

On the 20th of April, 1847, at the age of 39, he was admitted into the Bloomingdale Asylum. His gait was then slightly unstable, with some tremor of knees; pupils contracted; pulse 80; tongue clean, red.

He was restless, and talked much, but his ideas were few, simple and childlike. He willingly consented to remain at the Asylum, was pleased with his situation, and continued so during the whole of the time he was here, imagining, a large part of the time, that the establishment belonged to him.

During the first two months of his residence with us, he occupied one of the best apartments, and did not materially injure or disarrange the furniture. His appetite was good, he ate voraciously, and imagined his food to be of the most luxurious kind. His bowels were rarely, if ever, moved without a purgative. A Seidlitz powder was generally sufficient, but he took two or three portions of Epsom salts.

The scope of his ideas was very limited, and having one in his mind, he repeated it, in words, for hours in succession. Some of them were as follows: "Daughter F. in my mind," "Brandy and water," "I'll live here forever and have roast beef for dinner." On the 17th of June, a seton which had been put into the back of his neck, immediately after his admission, was taken out, as it occasioned but little discharge, and promised no benefit. He had now become more excited, noisy, unmanageable, and inattentive to his evacuations. He several times stripped off all his clothing and refused to be dressed, and at length took up the carpet, put the looking-glass and two framed pictures into his bed, laid himself down upon them, and broke them. He was then removed to another room—freely purged, and kept for a few days upon low diet. He was relieved, but not quite so well as when admitted. General sensation was very obtuse. It being thought that his taste was nearly or entirely destroyed, a mixture of rhubarb and magnesia, in water, was brought to him, and he was asked if he would drink a glass of wine. He drank the mixture and said it was good. At this time he began to have exalted ideas, and called himself Lord Byron.

July 12th. Says that James Madison and Lord Baring are his father, and that they have purchased a palace for him, in London, at an expense of five thousand pounds.

13th. Says he owns the City Hotel, and that his grandfather is the God of Heaven. His feet and legs are œdematous; general sensation appears to be entirely lost; his gait is very unstable; while walking has several times fallen to the ground. His speech is much more imperfect than when he was admitted.

15th. Says he is "the God of Heaven and Copenhagen."

August 1st. Says that his grandfather, Lord Scarborough, is a nobleman of the first order.

Throughout the month of August his bodily condition was somewhat better, his gait was firmer, his limbs lost their œdema, and his habits were more cleanly. At times he called himself John Jacob Astor, but generally "Count Baring of London," and was much irritated if any one addressed him by his real name.

September 18th. For the last six weeks he has been about the house daily. He is unsocial, never speaking unless addressed, and even then frequently refusing to answer. He generally stands in the corner of the room, his face to the wall, his hands crossed upon his breast, muttering to himself, and frequently repeating, for hours in succession, some expression similar to those before mentioned. While standing, he now leans so much to the left, that the right side of his head is perpendicularly above the external surface of the left hip. He appears to be failing; is more emaciated. His bowels are now habitually so costive that it requires three drops of croton oil to move them.

25th. His body inclines to the right, nearly as much as it did, for several days, to the left. Yesterday he fell while walking upon the floor, and bruised his face. Sustains himself in the standing posture with difficulty; ideas as extravagant as before; speech still more imperfect.

He was now kept in bed a few days, when he rallied, and was again about the house. In this way his condition alternated several times.

December 6th. He is standing against the wall, leaning far to the left—silent; all the muscles tremulous. Urged to tell his name, he says "Baring." Feet œdematous; tongue slightly coated, white, pasty.

From this time he gradually failed, and in the latter part of the month, and the beginning of January, 1848, the progress of his disease was rapid. His bowels became so costive that it was next to impossible to procure an evacuation, by the combined use of cathartics and enemata. He emaciated much, and became so feeble that, for several days before death, he could not rise from the bed. The paralysis was not materially increased.

On the 27th of January, he died.

Autopsy, seventeen hours after death. Emaciation extreme. The scalp adheres pretty strongly to the cranium, with but little blood in the intermediate vessels. Skull of medium thickness, the tracks of the blood-vessels being deeply marked upon its internal surface. Dura mater adherent, in places, to the membrane beneath; strongly so to the borders of the hemispheres beside the median line, where it cannot be detached but by dissection.

Arachnoid elevated by serum over the sulci. It is thickened over all the surface, visible when the brain lies upon its base, semi-opaque in many places, and entirely opaque in some. It adheres firmly to the pia-mater, which also partakes of its disease.

The arteries of the membranes are considerably injected, giving a more than naturally rose-coloured aspect to the cerebral surface.

Nothing peculiar about the cineritious substance. The medullary presents some bloody points upon the surface of a section; generally, it is nearly of normal consistence, but the fornix and corpus callosum are softened. It is also thought that the corpora striata are less firm than in health; but if so, the softening is very slight.

Lateral ventricles partially distended with serum; velum interpositum thickened; some small hydatids in the choroid plexus.

Arachnoid on the base of the brain but slightly diseased. There are numerous filamentous adhesions between proximate surfaces around the pons varolii, as well as in the fourth ventricle, and in the region of the fornix. Aggregate of serum in the encephalon, five ounces; cerebellum nearly normal.

CASE II.—J. B. M., admitted April 18th, 1846; native and resident of North Carolina; planter, aged 45, unmarried. Stature short, hair brown, eyes blue; temperament nervous-bilious, with a trace of sanguine. Intellect mediocre, education liberal, temper naturally irritable and violent. He belonged to no religious society; was fond of hunting and horses; but is said not to have used intoxicating liquors intemperately, although he has been a free liver. Said to have no hereditary predisposition to insanity.

About two years and three months before admission, he first showed symptoms of insanity. Since that he has at times been violent and furious, so that it became necessary to confine him in a strait-jacket.

He once leaped from a second-story window, and threatened to kill himself and others. He has had spasms of the limbs and throat, though not during the past year. No medical treatment of importance.

State on Admission.—Somewhat emaciated, and walks as if he was feeble; pulse 85; pupils unequal, the left the larger; tongue coated yellow; mind weak, without the exhibition of any prominent hallucinations.

19th. R.—Rhubarb and magnesia. 20th.—Mass. hyd. and aloe pill. j, morning and evening. 30th.—Stop pill. R.—Bitter infusion, 3j t. d. May 30th.—Stop bitter infusion. R.—Ex. conii et fer carb., aa gr. x t. d. The conium was increased to gr. xv, and continued until July 10th. Meanwhile he had taken two cathartics.

He had now gained some flesh and strength, and his general health appeared good. The pupils still remained unequal, and he always walked as if he were feeble, or as if slipshod.

Throughout the fall and winter, he was occasionally subject to a determination of blood to the head, with flushing of the face, and loss of appetite.

These paroxysms were sometimes accompanied by great irritability, excitement, loquacity, and imperfect speech; and, at others, by a state of bewilderment and unconsciousness.

He once attempted, when in his best condition, to write a letter to his mother, but did not succeed. There was hesitation in his speech, and imperfect pronunciation, throughout the winter of 1847-8.

March 13th, 1848. During the past month there have been two or three times when he could not dress or feed himself, and he now entertains exalted ideas of wealth and power; holds his head up; laughs, and, with much complacency of manner, says, he is "the richest man in the world: has a thousand wives and two thousand horses."

On being asked his name, says it is J. B. M., and that he holds the

highest office in the country; that he is God himself; that he can walk a million of miles in a minute; that he built the Bloomingdale Asylum in five minutes, and it did not cost him a cent; but it is so small that he can hardly get round in it.

When standing, he leans to the left; his gait is feeble and tottering, and he falls if there is the slightest unevenness in the ground. Hesitates much in speaking, clips many words and utters but few distinctly. Pupils contracted, that of the right eye the smaller.

16th. Much as when last noticed; sensation on the surface, generally, is quite obtuse. At times he strips off all his clothing.

23d. Falls frequently when walking, so that he is confined to his room, and is mostly in bed. Speaks so imperfectly as not to be understood without great difficulty.

24th. Says he never was so happy as now; has no pain. Taken from his bed, he is at first entirely unable to walk without assistance, but, after being supported and led a few minutes, he continues to walk alone, although with a vacillating and very unstable gait. Whole body partially paralyzed; sensation obtuse. When he attempts to speak, all the muscles of his face quiver; tongue very tremulous. Says he has one million, one hundred thousand dollars to let.

April 4th. Falls in attempting to walk. Says he will never eat again as long as he lives, and that will be a billion of years.

17th. Attacked with paralysis last night; lies unconscious; breathing somewhat stertorous; extremities warm; flexors of the limbs of the right side contracted.

19th. A little more conscious, but does not speak; right side completely paralyzed; the limbs on that side are flexed; left pupil the largest.

21st. Cannot speak, but smiles when spoken to.

25th. Cannot speak or move.

Died 28th of April, 1848.

The medical treatment subsequent to the 1st of March, consisted principally of cathartics and stimulating pediluvia.

Autopsy, fourteen hours after death. The scalp adheres strongly to the cranium, at the median line, along the vertex. Eight ounces of serum were discharged when the skull was opened. The cranium adheres to the dura mater more strongly than natural. The skull is more than usually thick, and the lines of the blood-vessels on the inside are remarkably deep. The brain is collapsed and flabby, as if not large enough to fill the cavity. The dura mater adheres to the parts beneath it, by bridges and large patches which have to be dissected off. These adhesions are principally beside the median line, on both hemispheres, and the largest extends two inches along the vertex. Here, the arachnoid membrane is perfectly opaque, and there are large patches of coagulated lymph, intermingled with white, granular bodies.

The dura mater being removed, the arachnoid appears thickened and semi-opaque, on the whole of the superior and lateral surfaces. The blood-vessels are congested, but not remarkably so.

The arachnoid and pia mater adhere to each other in all parts. In removing the latter, it leaves the convolutions freely in most places, but in some, particularly on the superior surface, it takes a portion of cortical matter with it.

The amount of disease, on either side of the median line, is such as to make a prominent ridge on each hemisphere. The two hemispheres ad-

here strongly to the falx, and anteriorly to each other. The convolutions are atrophied. The cineritious matter about of its natural colour; on section, the medullary substance has very few bloody points. The corpus callosum is so soft that the weight of the brain, as it lies on the table, tears it apart at the posterior border. There are hydatids in the choroid plexus. In the middle lobe of the left hemisphere of the brain, there is an apoplectic *foyer*, about the size of a New York shilling, or English sixpence, containing a very black, grumous clot, equal now to about half a fluidrachm. This *foyer* is in the posterior lateral border of the corpus striatum.—Upon the whole base of the brain the arachnoid is thickened and translucent, with many adhesions between the adjacent parts.

The cerebellum is thought to be somewhat softened. Its investing membrane is slightly thickened. There are many filamentous adhesions in the fourth ventricle, and about the fornix. The blood-vessels of the brain, both arteries and veins, are thickened and indurated.

Heart.—In size the heart is apparently natural; and the valves are healthy. In the right ventricle there is a firm, light-coloured fibrinous coagulum, which extends into the pulmonary arteries, even into branches of the third bifurcation.

The aorta is apparently of its normal dimensions, but upon its internal surface there are numerous ossified *plaques*. They commence immediately above the semi-lunar valves, and some are found as far down as the seventh costal arteries. Near the valves, one-half of the surface is covered by them, and they gradually diminish in size and number beyond that region.

CASE III.—B. H. was a native of Maine, aged 33 years, unmarried, tall in stature, hair very dark brown, eyes hazel, temperament nervous-bilious, fair intellectual powers, and good common education.

He had lived an unsettled life, not having steadily pursued any occupation for a great length of time, and being subjected to some difficulties on account of his pecuniary means.

Although not entirely abstemious from spirituous liquors, yet he never drank to intoxication.

In 1844, he obtained a sufficiently lucrative place in the city of New York, the duties of which he accurately performed, until the latter part of November, 1846. In the autumn of the year last mentioned, he became affianced to a young lady, but afterwards broke the engagement, assigning to some of his friends as a reason, that he had become impotent. Throughout the autumn some eccentricities of conduct were observed, and about the 1st of December, he became decidedly insane, and was taken to the Asylum on Blackwell's Island, whence he was transferred to this Institution, on the 29th of the same month. It is said that he inherited no disposition to insanity.

State on admission.—His posture is remarkably erect, but his legs totter slightly when he walks. He is emaciated and sallow; and his hands tremulous. The pupils are natural; tongue coated; pasty; pulse 102. He converses rationally upon ordinary topics which have no relation to himself. He says he is a "first rate" singer, and can excel many of those who sing at the opera, but, when attempting to perform, utterly fails; says that he is a "first rate" physician, that he studied and graduated at Bowdoin College, didn't like the business, and went into an apothecary's store, thence into a dry-goods store, &c. &c.—Talks much of a precious stone which was presented to him. Of this stone he afterwards gave the following account in writing:

"The Stone."—"In the year 1844, the writer of this being in his office, in the Empire City—early one morning, when the birds wild caroled on the spray, there came a man, tall in the image of his God he stood, his hair was long and white and so his beard, he said he was a man of God and that he wished to preach to the sailors upon the wharves on Sunday, but had been prevented; the writer went with him to the Mayor's office, and got permission to speak: he frequently visited the writer and gave him council and advice. Many weeks and months had passed by; he came to say farewell, put his hand upon my head and blessed me and gave me all he had, a small smooth white stone, the Philosopher's Stone, conjuring me by all that was sacred and holy to keep it until he died. I have found it in reality to be the stone described, containing industry, good luck, wealth, virtue, wisdom, prudence, peace, discretion, united with all the beauties of a diadem worn by a Christian. The Pilgrim is now dead, the stone I have. You wish for it Doctor E——. you can have it upon one condition."

Jan. 3d, 1847. Constantly talking of his wealth and abilities.

8th. Says he is going to have one of the rooms in the men's department fitted up with great splendour for a library of fifty thousand volumes.

9th. Says he has an income of one thousand dollars per week—makes promises of valuable presents to all around him.

10th. Is excitable; easily irritated; was allowed to have his cane until he raised it to strike a patient who displeased him.

15th. Says he has four elegant white horses with grooms, in the city, and wishes to have them sent for.

23d. Wrote the following letter:

"My dear Mother and dearest Sister L.

I sit down to write you after having been to Church, and I am as calm as the last ray of summer that shuts the rose—now dearest mother and sister rejoice and return thanks to God, the giver of all good and perfect gifts for what I am to inform you of.—Mother I want you and L— to come to me immediately when you get this. On the day after I saw you and L—, to wit, on Saturday, a gentleman from New York called upon me; he had been there before and conversed with me, but I did not know what he wanted until he came on Saturday; he is one of the most wealthy men in the city, one of your customers; although he did not know that I knew you, he it seems has heard of me (ah! I should say that this gentleman is worth five millions of dollars); now to my business, he has heard of me I know not how, and of my knowledge of books, and mother I have been employed by him to select his library for him. I shall begin as soon as I can. I shall have to go to Boston and also to Philadelphia, and then he is going to send me to London for selections, and to Paris and Italy and Rome. I shall have a year to make my selections, and more time if I want it, and now my dear mother and sister what think you my salary is to be? I am almost afraid to tell you for fear that you will doubt my word, but what I state is the truth, my salary is to be ten thousand dollars a year and all expenses paid. I am to select about half a million volumes and have them bound. Now mother what think you of your boy and your future son-in-law, how is it now sweet bird L— will you not be my wife? I think you will be equal to Miss P— or she that was Miss L— or any of the ladies in F—street, and besides, mother, I have had another offer from M. H. G.—and the President of the Gas works, and some other gentleman who came here; they want me to take charge of money that will be paid in for erecting a monument for Washington; that, they say, will be worth twenty thousand a year to me or any who can get it; now you will see all about that little philosopher's stone that the man of God gave me. Oh let me weep; there's bliss in tears when we who shed them only feel some lingering strain of early years effaced by every drop that steals. Mother, as soon as I can see you I will make you and L.— God bless you, independent, nay rich; you shall go and pay Mr. B.— all of your notes and bills, and make all of your poor friends happy. (I must stop again and weep.) Tell Mrs. M.— to write to J.— that we shall all, that is you, L.— and myself and Mrs. M.— be in Europe as soon as spring time,—next week, or alter you

settle your business, we must go to Boston, and then to Washington and Philadelphia and select books and prints. Oh we will have fine times, but keep this to yourself and L.— at present, until I see you (don't even say aught to Dr. E.—) I shall be all quiet until I counsel with you and L.— and then as calm almost as the love of God. Come up immediately this morning."

27th. The following is extracted from an autobiography which he wrote.

"Finally, after being everything, he came to the city of New York, six years since, and a great trait in his character is that he has continued to improve and practice upon all his former studies and researches, and in addition to them he has taken up and read the laws of all the states in New England and New York, although he has not been admitted or has he made an application, yet he is versed in theology more than any person we ever met with, and we think if he was willing he could decide any demonstration of anatomy, and we are really afraid when he talks about chemistry and bottling heaven's lightning. He understands the common and written law better we think than any man now living, both here and in England. There is no calculating the amount of his reading, and he never read a line but what he remembered it. He can repeat Pope and Cowper like A B C, and heaven only knows the amount of languages he can speak. And what is more beautiful he is one of the finest, most chaste and beautiful writers both of prose and poetry that now lives, and we think no one can beat him since Pope,—if he will do his best, his language is so beautiful and fine. But he will not indulge in writing for some reason known only to himself. And then again he is one of the most beautiful speakers and powerful orators that ever lived; we never heard Demosthenes and Cicero, but we think no person can begin with him. When he speaks his supernatural voice sounds in your ears, and along your arteries—your soul is on fire. Speaking of poetry, he makes all weep—and speaking of God and nature scarcely any person can listen, they will be so overpowered with their feelings. His voice is beautiful, not husky or shamed, and his words flow like the pure limpid stream. We hope that we may hear him in some public place, but we are informed that he has been elected to two very lucrative offices; the salaries amount to thirty thousand, and we think he will not trouble himself very much except to speak upon his famous topic,—Democracy."

Feb. 20th. He talks almost incessantly, if he can obtain listeners; always has a more remarkable story to tell than any other person, and, although relating them as facts, it is evident that they are embellished by his imagination to a degree corresponding with his ideas of his own wealth and capacity.

March 8th. Exerts more self-control, but his ideas are as extravagant as before.

April 5th. Says he is the greatest of all anatomists, owns the largest library in the world, has many millions of golden half-eagles at his command, speaks numerous languages, is master of more than three hundred dialects, and is going to sing at the Park Theatre for a thousand dollars a night.

19th. Says that a large legacy has been bequeathed to him in England, and he is going to take possession of it. Offers his attendant a thousand dollars a year, and an introduction to the Queen, if he will accompany him.

May 1st. Says he is to be elected Mayor of New York, and that several aldermen have been up to see if he will accept the office. He intends to establish a bank in Wall Street, with a capital of many millions, so as to completely monopolize the money market.

20th. Says he is going to write the history of Rome.

June 10th. Says that after three months' deliberation he has completed a plan for converting the Bloomingdale Asylum into an academy of arts and sciences, with teachers of all branches of learning. The matriculation fee is to be one thousand dollars, and students are to live on gruel in order

that their minds may be clear. In honour of the completion of the plan he is going to have the city illuminated to night, and twelve millions of pounds of powder will be burnt.

24th. Says he will make a prescription for Mr. T., one of the other patients, and if it does not cure him he will forfeit fifty millions of dollars.

July 12th. Says that Polk is going to send him minister to Russia. His speech is somewhat affected, and the muscles of the tongue and mouth have not their natural stability.

But a very small portion of his extravagant fancies have been recorded. Daily and almost hourly he has some new idea relative to his own aggrandizement, or some novel scheme for the accomplishment of an object requiring, even if possible to be accomplished, either unlimited pecuniary resources, or great intellectual ability. His memory appears to be good in relation to things which occurred in his past life, but not of recent events.

Oct. 28th. Hands and feet somewhat œdematous.

Nov. 12th. Pupils considerably contracted, equal; tongue very slightly coated, moist, exceedingly tremulous; hands tremulous; lips, when he reads, tremble. He drops the last syllable of some words. Gait unstable, and posture less erect than formerly.

Throughout the fall and winter his appetite and digestion were good, and he was heavier than before, though he appeared to be somewhat bloated. His strength was diminished and he was unable to bear much exercise. His posture became more and more stooping, and his gait less and less stable. He was much less irritable, talked comparatively little, and rarely alluded to any of his exalted ideas.

During the first twenty days of March he frequently fell while walking upon the floor, and without encountering any obstacle.

March 24th. Unable to stand; face and hands bloated, pupils contracted, unequal, the right the smallest. All his limbs partially paralyzed. When he protrudes his tongue all the muscles of the cheek, as well as the tongue itself, tremble spasmodically. Sensation appears perfect. For a few days past he has talked more of imaginary wealth.

April 4th. Having been freely purged, he has rallied so that he walks pretty well. Pupils unequal, left much the larger; says he is married and has a child nine months old.

10th. Walks about the hall; lame in left leg; appears to be looking after something, goes where he thinks it is—then forgets what he is after.

11th. Had convulsions about noon, which lasted from two to three hours, with excessive spasmodic action of the muscles, particularly of the left side.

12th. More comfortable, left side completely paralyzed. He has consciousness, but his mind is very feeble.

13th. Thinks himself perfectly well; wishes to have the doctor called, in order to run a race; says he can run a mile in three minutes.

15th. Can move the limbs of the left side a very little. There is partial paralysis of the right side, and paralysis of the bladder. Pupils still unequal; bowels very costive, and moved only by enormous portions of medicine.

17th. Emaciates, though his appetite is good. He speaks and swallows with difficulty. The limbs of the left side remain flexed, the flexors still having some power. He recognizes his acquaintance.

21st. Failing rapidly; extremities cold, purple, eyes sunken; he appears conscious, but cannot speak.

22d. Died at five o'clock P. M.

His medical treatment while in the asylum, consisted of alteratives and tonics, with purgatives when necessary.

Autopsy, twenty-four hours after death.—Cranium pretty strongly adherent to the subjacent membrane. Glands of Pacchioni numerous, some of them projecting through the dura mater. The dura mater adheres by filamentous attachments, in several places, to the membranes beneath it, and so closely for several inches along the superior border of each hemisphere, as to be removed only by dissection. The arachnoid is thickened, whitish, and semi-opaque, generally upon all the superior and lateral surfaces, and in spots perfectly opaque. It is elevated over the sulci by transparent serum. The blood-vessels rather more than normally injected, but not highly so. The pia mater appears somewhat thickened, and adheres, in places, to the cineritious substance. The brain, as a mass, is softer or more flaccid than is natural in health. The cortical substance is not discoloured, nor does it appear to be softened. Upon section, the medullary matter is evidently less consistent than in health, and presents many bloody points. The greatest amount of softening is in the corpora striata and the parts exteriorly or laterally adjacent to them. The softening is farther advanced in the right hemisphere than in the left.

The proximate surfaces of all parts of the brain, between the hemispheres, in the fourth ventricle, anteriorly to the pons varolii—and internally, in the neighbourhood of the fornix, are connected by filamentous bridges. On the base of the brain the arachnoid is but little thickened. Some hydatids in the choroid plexus. Lateral ventricles distended with serum—the whole quantity of which from between the membranes, in the ventricles, and at the base of the brain, is eight ounces.

Cerebellum thought to be anomalously soft. Its investing arachnoid slightly thickened in some places.

CASE IV.—J. B., a seaman, aged 52 years, native of Germany, and for some time resident at the institution on Staten Island called “The Sailors’ Snug Harbor,” was admitted into the Bloomingdale Asylum, Feb. 21st, 1848. But little information of his previous history could be obtained. It was said that his mental disorder had not been noticed but about two months.

When admitted he was excited and talkative, his language rapid, incoherent, confused and occasionally interlarded with the word *Dodo*, which he appeared to apply to himself.

Tongue slightly coated, bowels costive, pupils contracted.

After catharsis with castor oil he was put upon the use of small doses of antimony and digitalis, which were continued until the 6th of March, when he had become quiet, less talkative and comparatively rational. As, however, he spoke English but imperfectly, it was difficult to ascertain the precise condition of his mental faculties.

It became evident that the term *Dodo*, which he almost invariably employed when speaking of himself, was considered by him as indicative of power, and he sometimes used it with such gesticulations as implied supreme authority.

After the 6th of March his appetite and general health were pretty good, and remained so until the 15th of May, when he had an epileptiform fit, followed by stupidity, torpor, if not partial paralysis of the muscular system, and almost entire obscuration of the mental faculties. He had

stimulating pediluvia, low diet, and was freely purged for several days in succession. He improved so that he left his bed, but could scarcely walk without assistance, partly from debility; but chiefly from inability to use his muscles.

Vegetable tonics were now administered; but without apparent benefit. On the 3d of June there was hemiplegia of the right side, but without entire loss of muscular power.

June 19th. Mind perfectly imbecile; right side as stated at last date. He can neither feed nor dress himself. Evacuations passed in bed.

21st. Had another "fit." Complete hemiplegia of right side. Left side partially paralyzed; the flexors having more power than the extensors. Pupils unequal, left the largest.

These symptoms continued, and the last week of his life was a mere *automatic existence*. Died July 3d, 1848.

Autopsy, thirty hours after death. *Head.* Cranium of medium thickness and pretty strongly adherent to the membrane beneath. Around the vertex, there are several small lacunæ in the dura mater attributed to the glands of Pacchioni.

The dura mater is attached to the subjacent membranes of both hemispheres, upon the anterior surface of the cerebrum, and for four inches along the vertex, beside the longitudinal sinus. These latter adhesions are so close and firm that dissection is necessary for the separation of the membranes.

No adhesions to the falx. The parietes of the larger blood-vessels are thickened and semi-cartilaginous.

The arachnoid is elevated over the sulci by effused serum; it is thickened and semi-opaque throughout the whole of the surface exposed to view as the brain lies upon its base, excepting alone such spots as are perfectly opaque. It is intimately adherent to the pia mater at their natural points of contact.

The pia mater adheres to the cerebral mass, though not so strongly as upon removal, to take portions with it. In the anfractuositities it is thickened and its vessels much congested.

The brain, before being cut, appears remarkably soft, lax, flabby. The cineritious matter is evidently softened; but with an exception to be noticed, retains its normal colour.

After making a section of the superior portion of the brain, the surface of the medullary substance becomes mottled with bloody points; blood as usual, oozing from the cut vessels.

In the middle lobe of the right hemisphere, anteriorly and laterally to the posterior cornu of the lateral ventricle, there is an abscess containing a small quantity of puriform matter. The surrounding substance is degenerated. All the medulla of this hemisphere is much softer than natural, in health.

In the middle lobe, and posterior half of the anterior lobe of the left hemisphere, the medulla is much degenerated, of a light iron gray colour; its tenacity and fibrous structure entirely lost, and its consistence that of thick cream. This degeneration involves the corpus striatum and the optic thalamus. The adjacent cortical substance is soft and of a greenish yellow hue.

The corpus callosum, fornix and tubercular quadrigemina are all softened.

The lateral ventricles are partially distended with limpid serum, of which the aggregate, in the encephalic cavity, is five ounces.

The velum interpositum is thickened, congested and adherent by filamentous attachments to the surrounding organs.

The choroid plexus contains many hydatids, one of which is as large as a small bean. The pineal gland contains seven pieces of sabulous matter, the largest being of the size of a pin's head.

Upon the base of the brain the membranes are but slightly thickened, and their transparency partially impaired.

There are filamentous adhesions between neighbouring surfaces around the pons Varolii and corpora albicantia, and also in the fourth ventricle.

The pons Varolii and the medulla oblongata are soft and pulpy.

The arachnoid of the cerebellum is slightly thickened and somewhat of a milky or opaline hue. The organ itself thought to be rather softer than in its healthy state.

Thorax.—Lungs partially congested, and their colour unusually dark with carbon.

Heart large; both ventricles distended with partially coagulated blood; the substance of their parietes pretty easily broken down between the thumb and finger.

The valves of the right side are in their normal condition.

Along the line of union, between the auricle and ventricle of the left side, and in the root of the smaller segment of the mitral valve, there is a plaque of bone one inch long and one-eighth of an inch wide. Another firm spicula, three-quarters of an inch long, lies nearly perpendicularly across the line of origin of the larger segment of the mitral valve, and the corresponding semilunar valve of the aorta. Two-thirds of its length are in the mitral valve, which it retains partially extended or closed; the other third passes through a small segment of the semilunar valve and terminates near the attachment of its loose edge with the aorta.

Springing from very near the centre of the base of the same semilunar valve, there is another spicula which passes directly across it, terminating near the middle of its loose border. This is so hard and so firmly fixed at its base that it keeps the valve in a position about two-thirds extended or closed.

The aorta is enlarged to apparently twice its normal capacity, throughout the space of one foot from the heart. Its parietes are much thickened, semi-cartilaginous and rugose. The lining membrane is deeply injected and in some patches intensely red. In the space between the heart and the summit of the arch there are many ossified plaques. One of these surrounds the origin of the left carotid artery, the opening into which it has diminished to the diameter of *one line*. The opening of the right carotid is correspondingly enlarged.

CASE V.—J. H. was born in Pennsylvania, but removed thence to the city of New York. His stature was medium, hair black, eyes chestnut, and temperament nervous-bilious, with a trace of sanguine.

His intellectual powers were sufficiently strong, and he had a fair, common education. He was constitutionally irritable, but, according to the testimony of his friends, he inherited no predisposition to mental disorder. He married in 1827, and about nine years afterwards, at the age of thirty-five years, had an attack of insanity, which was attributed to grief from the death of an only child. The mental alienation did not continue long, and his friends say that his recovery was perfect.

In the course of his life he had been engaged in divers kinds of business, and at length obtained a situation as an officer of the police.

Here, it is said that an undue portion of his time and exertions was devoted to the duties of the place. For two or three years his health gradually failed; he grew increasingly irritable and easily provoked to paroxysms of anger. About the 1st of September, 1846, he became decidedly insane. He was highly excited, slept very little, talked almost incessantly, having various delusions, some of them of a religious character.

At length his violence increased so that it became necessary to confine his limbs, and, on the 28th of that month, at the age of 45 years, he was received into the Bloomingdale Asylum.

Condition on admission.—He is highly excited, restless, talkative and incoherent. He hesitates in speaking, and pronounces some words imperfectly. There is a tremulous instability of the limbs, as if he were highly nervous or agitated. Veins of the face and head turgid; pupils unequal, the right being the larger; tongue coated, white, pasty.

When he was informed that he must remain in the asylum he became furious, broke windows, and threatened to prosecute for false imprisonment.

After a cathartic of jalap and cream of tartar, he was put upon the use of blue mass gr. ij t. d. and sedative doses of antimony and digitalis. The former was continued until Oct. 2d and the latter until Oct. 3d, when it was substituted by a mixture of camphor, hyoscyamus and assafoetida.

Oct. 6th. Excitement continues, although mitigated. He talks much, ideas of wealth and power predominating. Turgescence of the vessels of the head. R.—Cut cups $\frac{5}{8}$ x ad nucham.

7th. Bowels habitually costive. R.—Compound cathartic pill j t. d. On the 11th the mixture of camphor, &c., was stopped, and the antimony and digitalis resumed and continued until Nov. 7th. He had now become much more quiet.

Nov. 14th. Again excited, tongue furred, white, pasty. R.—Cal. gr. x et jal. gr. vj.

18th. Tongue continues pasty. R.—Mass ex hydrarg. gr. ss t. d.

Dec. 1st. Condition of tongue somewhat improved, bowels regular. Stop blue mass.

He says he has assets of over two and a half millions of property of his own, and can raise two hundred thousand dollars at two hours' notice; that his wife is also worth two and a half millions, although when he married her he did not know she was wealthy. He says he can lift more with his right arm than any other two men; and if any man can beat him at running, he must run like the devil. Tongue spasmodically tremulous, and when he hesitates, in speaking, the effort to continue causes spasmodic action of the muscles of the mouth. Being somewhat excited, he now, for two days, took sulph. morph. gr. $\frac{1}{4}$ t. d. It contracted the pupils, and increased the disposition of turgescence of the veins of the head, and was consequently stopped.

17th. He yesterday wrote the following letter:

"New York, December 16th.

Bloomingdale Asylum Mr. M***** Dear Sir will you please to call on J. H*** I want to loan the money of you which you have to let and I will give mortgage on twenty Churches J. H***

Mr. M***** you will please call on J. H*** at the Bloomingdale Asylum. Mr. S***** you will please call at the Lunatick Asylum. J. H*** the anerable Mayor will please to Call on J. H*** at the Lunatick Asylum. the sculptor will please to call on J. H*** at the Bloomingdale Asylum. the Steamboat proprietors will call on J. H*** at the Lunatic Asylum. Catharine A. H*** will Call on her Dear Husband at the Bloomia Assilum Ad see her Dear Husband Bring all of your furniture an every Body around J. H***"

And, soon after, the following:

Mr. H****

"New York Decr 23.
Bloomigdale Asylum

Dear Sir you will please to forward all your best horses and call on Mr. M***** and forward all his best Cariges, and call on the gentlemen as follows—Call on D. V*** 41 C— Street tell him to call on me on the Master of Chancery B***** auctioneer tell him to call on me with maps of property he has for sale as I am Perfectly Prepared to Purchase all the property Call at 65 W*** Street, Bring H*** and 31 with his Juelry Call on the Gentlemen who have the Albany Steamboats for sale—Let them come up and send me all the mahogany and fine wood and marble—Call on the Comonality and Margarality bring them up send me the wood and marble first. Send me all the best clothing you can find in the city and send me all the working Clases and poor Clas in the City immediately—Go to the Wine Merchants and Jewelors with their Juelry to Gether with the contents of S*****'s Store.

No more at present

I remain Yours Respectfully. J***** H***

N. Call on my wife at 102 M*** immediately all our family & Bring her and Friends.—Mr. f**** will Please bring his family & all his liquors and all the Pennoes that are Ready in his Neighborhood as I will Purchase all the have & have all the Mahogany Lord ve 5 and send the same. C***** D**** will please to bring all his Goods and family to the Asylum Dont forget Mr. D***** or family & his men & all his goods my love this concludes.

I have the trinity by the Hee—I want stationary and all kinds of goods & want all the plants you can bring. Dont for Mr. C***** and the Baker in H***** Street & L***** & family Call 123 M*** Street there is a Jerman woman the her husband Mr. U***** Bring her and mister S***** with his band—to Catharine A H*** m*** 102."

"Mrs. H*** Dear Wife this is my last letter you will receive you will therefore pay particular attention to the words to what it contains I am this moment worth millions of money and cash and property you will therefore Go to Mr. S***** with Mr. Mc C**** and buy the Best Goods he has in the store and give him my note payable on Demand—I am here four months Living on two shillings worth per day and Sleeping on Straw in the worst place in the whole concern you will please to send word on Mr. C***** and tell him bring me all the contents of his store he in P**** Street and one am Silver Smith in Grand and tell to come with his family and all his good and bring the portrait painter an Call on S and D***** and C***** bring them and all their Goods Call on the person that advertises mesmerism machines and Galvanism machines and tell to forward me one of each he advertises in the paper.

No more at present
But remain your affectionate
Husband Joseph

"I want you to send me Billiard tables of B***** Mrs. W**** will tell Mr. B***** to Bring all his furniture & his family together with Mrs. P***** family. Mr. E***** will please forward his Cargo as I now go to Building. I will build over this ground with Mahogany & Rose wood this and raise one garden on top of the other Higer than the Catskill mountain. I will go with my friend there shall be buildings of Gold and Preshus stones, my Gardens Deer forrests fruit of every Description and those houses shall go up this afternoon

No more at present
J. H*****

"fifty storys High seven three hundred feet each way take the inside out wall take the wall and saw the stone 3 story down and seven rooms across the to Sing Sing and build Pallace Around them mountains of Gold and precious stones nine thousand miles high start for Mexico and kill off and send to this country and put them in Museum this evening and Return tomorrow and show y same & Good sleighing this night with the Ladies and patients. By getting the Battering machine up we will send our Steamboats on with our Rail Road off and Return with all the welth of that Cuntry."

J. H****

Dec. 17th.—Says he owns all Trinity Church property, and is going to enlarge this institution so as to accommodate all the inhabitants of New York city, at five dollars each per week.

26th.—Says he is going to build over all the land of this institution ; and as far down as Harlaem with a solid block of buildings from twenty to thirty stories high, the material to be rose-wood and marble.

Being requested to put his plans upon paper, he wrote the following:—

"I mean to commence building next week on this ground with Rose wood from the halam River to making a canal at manhattan ville of 100 ft. wid and Build 100 stories high which I can do $\frac{1}{2}$ Day have glass stained windows. Decorating with flowers and fruit trees every two story hig. I will get the finest of furniture in the City Git the birds from the Have all the Good in Store on this Premises have museum—theatre manager and all the piannas and organ music in the City I will have all watches and in the City and Before new year Go and conquer Mexico and bring all their good Gold and silve and wares &c. at catskil I will Build a Pallace of Gold twice the height of the mountain.—I will level the whole world and make peace and liberty throoig the world to the Glory of God the father Son and Holy Gost there shall be nothing but Hallalugah to God the father."

Notwithstanding these extravagant notions, he was about the house and comparatively quiet ; his memory was pretty good, and when his friends saw him he conversed with them, rationally, upon topics unconnected with his hallucinations. He now took the extract of conium, commencing with gr. x t. d., afterwards raised to gr. xx, and continued until the 16th of February, 1847.

In the early part of January he said he was a candidate for the next presidency, and he knew that he should obtain the office. About the same time he requested one of the attendants to write out his plans, and dictated the following:—

"A canal is to commence at Hurlgate, and extend to the North Pole ; and pass directly in front of this Asylum. All the waters in the world are to pass into it. All the commerce is to be carried through it by steamboats to be described hereafter. The canal is to be four hundred feet wide, and twenty feet deep. The sides are to be laid with polished marble, and the bottom with free-stone taken from the Asylum building. The waters will have the sweetest perfumes, giving forth their odours only while the ladies promenade on its banks. All the fish and everything that swims are to be gathered into these waters ; but they will not hurt each other, owing to the fragrance of the waters. This seems to have an effect upon them similar to that of exhilarating gas upon man, only it continues as long as they remain in it. The brain is so stimulated or exhilarated by it, that they grow from its pleasure ; in fact, nothing could be more nourishing. Young fish are but a day in maturing. They can be taken very easily, being almost in a state of stupor, and their flesh is far more delicious than that of those in common waters.

"The Asylum building is to be taken down, and a new one erected. The iron sashes are to be carried to the City, and made into printing presses to be in readiness for the new house, which is to be built of black marble, nine thousand and fifty stories high. This will bring it within fifty miles of heaven. Above this house, in the fifty miles mentioned, every twenty-five feet is to be a garden ; this will make it high enough for any ornamental tree. In each of these gardens there is to be a spring, and the water is to have a very pleasant taste. They will all flow into one and form a fountain whose jet will rise many hundred feet. The springs are to be formed by all the pleasant waters of the world coming together, thus producing a most delicious beverage possessing medicinal powers : capable of curing any disease but old age, which he does not wish to cure, as the world would become too populous. The different kinds of shrubbery are to be gathered from the ends of the earth, and arranged around the fountain according to their beauty.

"The new house will accommodate billions of people. All the poor of Europe are to be brought over to-day and put into it, that they may be ready to go to a ball which he is to give to-night at Catskill. From the sale of the tickets he expects to make enough to pay for the house and furniture. These poor people are to be brought over by balloons, made so large that they can attach them to the houses, and bring them safe over with the people still in them.

"To-morrow we are to take five hundred thousand men to Mexico, on a railroad made of gold. We are to be armed with fifteen-barreled pistols, loaded with gun-cotton. We are to conquer all Mexico, annex it to the United States, establish a free government, and return before to-morrow evening, as he then expects all the distinguished men of the country to be here to congratulate him upon his success.

"We have a population of thirteen to a square mile: some states have only one: but when he gets the land covered with buildings made of rose-wood, golden floors, and everything to correspond; with bedsteads of red cedar, so that there will be no bed-bugs, the population will be very dense. The bed-rooms are to be elegantly furnished. Museums are to be established, and into them are to be gathered specimens of everything upon the face of the earth. Theatres are to be constructed in the most costly style. The birds are to be taught to sing by means of the hand-organ. The poor are to work one hour after each meal, to give them exercise. The furniture of the present asylum is to be taken to the city and sold at auction. A painter is to be brought from France to-day, and all the painting of the new house is to be done by him to-morrow. The patients are to be cured by galvanism. All the land in this country is to be divided into farms of fifty acres each. We need not go out of the state of New York for any minerals, as they are all here: he knew it thirty years ago. Two men in Wall street will furnish him with all the money he wants. He is to be the next President, Silas Wright Vice President, and I (the attendant) am to be his family physician. Steamboats are to be made of cast copper, and all in one piece, so that they will not leak. They are to be one thousand feet long, four hundred wide and four stories high. These boats will go faster than the fastest horse, and he has seen horses that would go over thirty miles in an hour. The land on the globe is worth \$470,804,084,680: (the patient making the figures.) To this the value of every precious thing, &c., may be added."

By the first of February he was altogether better than at any previous time since admission, and continued so throughout the spring, with occasional brief relapses. He rarely uttered his extravagant ideas unless very confidentially to those who were most intimate with him. He was, however, as he had been for months before, very mischievous and cunning: concocting various schemes to make his escape, which, however, generally failed for want of foresight. He amused himself for hours, daily, in rolling nine-pins, and was very expert at the game. At length, in May, he effected his escape by scaling the fence beside the bowling alley: went home, made some imprudent purchases, conceived a plan for enlarging his house, and was about to tear part of it down, when he was brought back.

About the middle of June, he again began to grow worse; was stupid, and constantly inclined to lie down. When spoken to, he would laugh, but did not appear fully to understand what was said to him. After being purged and put upon diet, he became better.

During his relapse, his speech was much affected, gradually declining until it became a mere mumble.

Nov. 12th, 1847.—Says he shall soon go to the city, be admitted as a counsellor of law, open an office in Wall Street, with a large library, have an assistant and do a great business; that he will buy one hundred thousand dollars worth of real estate of the city corporation, and contract for the opening of avenues and cross-streets, and thus make two hundred thousand dollars more; that he will buy a house on Bleecker or Fourth

Street, keep a carriage, have a country seat at Flushing, with a farm of two hundred acres, and that he will buy property near Bloomingdale, and establish an asylum for the deaf and dumb.

He furthermore says, that in Illinois, there are twelve thousand acres of mineral lands, with mines of coal, copper, brass, zinc, lead, and pewter; he will go there, purchase the land, build furnaces, and work the mines. Next year he thinks he will build six steamers, to ply between England and New York. He offers offices to several of the inmates of the asylum.

26th. For some time past he has talked pretty well; his speech is now greatly affected, and similar to that of a man much intoxicated.

Throughout the winter he was subject to changes, being better and worse alternately, but, upon the whole, gradually failing, both body and mind. As the spring approached this decadence became more evident. He was subjected to no medical treatment except an occasional cathartic.

April 2d, 1848. For two days past, he has been unable to dress, undress, or feed himself. He stoops much when standing; when walking, totters and sometimes falls. The muscles of his face, and particularly around his mouth, are constantly twitching. If he endeavours to show his tongue, after much exertion it is at length protruded with a sudden spasmodic jerk, all the muscles in the face having a similar action. In attempting to lift the arm, the same phenomenon occurs in the muscles of that limb. His mind is very feeble, inactive, partially bewildered, and half unconscious.

He was now put upon the use of wine.

April 5th. Is better, walks more firmly, assists himself.

8th. Removed by his friends from the asylum.

During the whole period of his residence here, he occasionally wrote letters to his friends, and, as his disease progressed, his chirography gradually deteriorated, until it became a mere scrawl, and, finally, he was entirely unable to guide the pen. The following is one of the last of his legible communications.

"Datorlen 28th Sept ber

Dear Wife—I take pen in hand to Inform that friday the Day that you are come up for and Bringe up six three for me

No more present

Mr. J*** S*****

You will please to atten to end to so a to Bring them up

J H***

Rus yrs Respec fily."

General sensation was somewhat obtunded, but not to so great an extent as in some similar cases. The inequality of the pupils, observed on admission, continued until he left.

From the time he left, he could never dress or undress without assistance, nor could he help himself to food after the first few days. He afterwards sometimes attempted it, but the power accurately to control the muscles was gone, and the food was thrown from his hand, either by tremulousness, or by a spasmodic jerk.—The instability of gait continued, and he fell many times while walking. At times, he could not walk without assistance.—The defect of speech was variable, being on some days so great that his wife could not understand him. The muscles of the mouth and tongue acted spasmodically when he endeavoured to

speaking.—He several times attempted to write, but could not guide the pen.—He ate with equal relish all kinds of food, even such as he would never taste when well. His appetite was voracious, bowels not habitually constive, evacuations natural.

The exalted ideas of wealth continued as long as he could speak, but the general character of his mental operations was that of childishness and imbecility.—From about the 10th of June his evacuations were passed involuntarily.—On Tuesday evening, June 27th, he did not appear quite so well as usual, and at one o'clock, the following morning, he was seized with convulsions, hemiplegia of the left side, and entire obliteration of the mental faculties. The convulsive spasms of the right side continued, though much abated in severity, until the day of his death, July 2d.

Autopsy, 17 hours after death. Embonpoint mediocre.—The cranium is anormally adherent to the dura mater, though not excessively so. It is of medium thickness, and the channels of the blood-vessels are deep.

The dura mater adheres, by strong filaments, to the anterior portions of the anterior lobes of the cerebrum. There are also adhesions for three inches upon the vertex, beside the median line, upon the proximate borders of the two hemispheres. These are so close, that they involve some of the blood-vessels, and so strong as to be detached only by dissection. In the substance by which these attachments are made, there are some small white granules.

The dura mater being removed, the pathological condition of the membranes exposed to view, is such, that the cerebral convolutions are but partially visible. The blood-vessels are congested, and in some places contain air; the arachnoid is everywhere thickened, in some places semi-opaque, translucent (not transparent), and in many perfectly opaque. It is so firmly united with the pia mater, wherever they are in contact, that the two appear to constitute but one membrane, which is thick, tough, and almost as difficult to be cut as the dura mater. Over the sulci it is elevated by effused serum.

The pia mater is somewhat adherent to the brain beneath, but, upon removal, does not bring with it any portion of the cineritious substance. The anfractuositities are deep and the vessels of the pia mater within them are highly congested. There are no adhesions to the falx, but, beneath its anterior extremity, the membranes of the two hemispheres are attached to each other. The cortical matter is thought to be of its natural color and consistence.

The medullary substance, upon section, appears of a pinkish color, so that the line of division between it and the cortex is less definite than usual.—Many bloody points on the surface of the section; more than in most cases, fewer than in some.—The medullary matter of both hemispheres, including the corpus callosum and fornix, is softened, and that softening is very considerably advanced in the centre of the middle lobe of the right hemisphere and the adjacent part of the corpus striatum.

The approximate portions of the brain about the choroid plexus, fornix, and optic thalami, are connected with each other by numerous filamentous bridges.—A similar condition is found in the fourth ventricle, and in the central region of the base of the brain, particularly around the pons Varolii.

The lateral ventricles are distended by serum, the aggregate of which, in all parts of the brain, is four ounces.

The membranes at the base of the brain are far less diseased than

upon the other portions, yet there is much thickening and semi-opacity (with, as usual, a milky or opaline appearance) in the central region and in the fissures of Sylvius.—Cerebellum thought to be somewhat softened, its investing arachnoid slightly thickened.

Thorax. Lungs large and healthy.

Heart of medium size, its muscular tissue pretty easily broken down between the thumb and finger. A large, light-coloured coagulum in the right ventricle, which extends some distance into the pulmonary arteries.

All the valves have lost their transparency.—The mitral is cartilaginous throughout.

The lining membrane of the aorta is deeply injected, and there are some small *plaques* of incipient ossification just above the semilunar valves of the aorta.

ART. XII.—*Chloroform Inhalation in Amputation of the Thigh.* By
ROBERT ROBSON, M. D.

ON the 13th day of July last, I was called by an intelligent friend, (Hugh Rounolds, M. D., of Graysville, Ill.,) to see with him, at the house of August Degan, Wabash County, Illinois, a case of partial ankylosis of the knee-joint, caries of the upper third of the tibia, with hypertrophy of the superior portion of the inferior part of the bone, and extensive ulceration, &c., of the soft parts.

The patient, James Gray, is a youth of nineteen years of age, originally of good constitution, but in consequence of much physical suffering from an injury received near twelve months prior to the date of our visit, we found him much reduced, his general health impaired, his pulse feeble, his countenance cachectic, and his nervous system much disturbed, though his digestive apparatus performed its office as well as could, under such circumstances, be expected; but, notwithstanding, his health was rapidly declining.

Consultation having been premised, and amputation determined on, the patient was placed upon a table, in a recumbent posture, his head and shoulders reposing on pillows, the tourniquet, &c., arranged; when we proceeded to exhibit a small teaspoonful of chloroform, in a sponge, to his mouth and nostrils: but in little more than one minute he became sick and vomited, and the sponge was removed during his efforts to vomit; and the chloroform having measurably if not entirely escaped, it was again charged with the same quantity and exhibited as before, when vomiting again occurred. The above circumstances were repeated, and the inhalation carried on with short intermissions, during which, several drachms of the chloroform were consumed. The time occupied by this exhibition was nine minutes and thirty seconds, when the patient assumed the appearance of sound sleep. It was now ascertained that he was in a state of complete insensibility, and unconsciousness established.

With the assistance of Dr. Rounolds, I then proceeded to amputate the thigh, and take up the arteries; the operation occupying two minutes and a half. The application of cold water was now freely made to the stump, and had been applied but four minutes, at the time the sponge was removed from his mouth and nostrils (our supply of chloroform being exhausted), when he recovered from the effect instantaneously. At this moment Dr. Rounolds inquired of him whether he was still desirous of having his thigh amputated, and he replied that he was, and hoped we would not keep him longer in suspense. On being informed that the operation was completed, and that nothing remained but to dress the stump, he indicated some doubt of the truth of the assertion, when some one present elevated his shoulders while I raised up the stump, to the evident surprise and pleasure of the patient. The dressing was in proper time commenced and completed after the manner recommended by Liston. The patient was afterwards attended by Dr. Rounolds, and I cannot better express the happy termination of this case than by quoting the Doctor's own words in his letter of Aug. 3d. He says: "The day after the operation I called to see our patient, and found him free from fever, little or no pain, clamorous for something to eat, and without the slightest appearance of constitutional derangement. He had not taken the opiate which I left him. On the 20th July I removed the dressing, and found the stump nearly healed by the first intention; little or no pus was secreted, except at the two corners. One or two granulations I touched with argent. nit. On the 28th of July I paid him my last visit, and found him hopping about on his crutches, and moving the stump with facility. You will recollect we operated on the 13th of July. On examination I found the stump beautiful, hard and firm, perfectly healed, with the cicatrix running straight across the marrow line of its face. The cicatrix is of course tender, but with this exception, he is in fact well."

Remarks.—The above case of amputation of the thigh, performed without pain and without the knowledge of the patient, and his very rapid recovery, has excited much interest in this section, and illustrates in the happiest manner the influence of chloroform over the brain and nervous system. No unpleasant symptoms (with the exception of the vomiting), were manifested during the inhalation; on the contrary, his respiration, his pulse and general appearance were those of natural sleep, and continued unimpeded during his insensibility.

His nervous system remained quiet and undisturbed throughout, and undoubtedly facilitated the healing process. In the *American Journal of Medical Sciences* of July, 1848, page 35, we have a statistical table of amputations of one of the New York hospitals, from January, 1839, up to January, 1848, and the shortest period of cure there recorded is thirty-nine days; while our patient, under the use of the chloroform, recovered in the very short period of little more than fourteen days.

NEW HARMONY, Indiana, Aug. 25th, 1848.

ART. XIII.—*Exsection and Disarticulation of the Lower Jaw for Osteo-Sarcoma.* By GEO. C. BLACKMAN, M.D., Fellow of the Royal Medical and Chirurgical Society of London.

ON the 25th of March last I removed one-half of the lower jaw from a son of Mr. John P. Cole, of Wantage, Sussex Co., New Jersey. The boy was about fourteen years of age, and appeared to be in the enjoyment of tolerably good health. About three years previously his parents had first discovered a slight enlargement near the left angle of the jaw, and this had increased, till at the time of my visit it had attained the size of a goose-egg. The boy assured me that he had never suffered any pain in the tumour, and it was only on account of its recent rapid growth that it had begun to be the source of much anxiety. I was informed that for the last six months its development had equalled that of the two and a half years which had preceded. On this account I advised its removal. With the assistance of the family physician, Dr. Cooper, and several physicians of the vicinity, I proceeded to operate. The patient having been very readily brought under the influence of chloroform, I made a semicircular incision which extended from the zygoma over the tumour to a point below the symphysis of the chin. The hemorrhage which followed this first incision was considerable, particularly from the facial veins. That from the facial artery soon subsided of itself, without the application of a ligature. The bone having been exposed throughout its extent, was divided near the symphysis with a metacarpal saw, and the dissection along its inner surface completed to the articulation. Only one vessel, a branch of the internal maxillary, required to be tied. Although during the greater part of the operation the patient was insensible to pain, yet when it was completed he appeared to be greatly prostrated. He soon, however, rallied when the wound was tightly dressed, and he was put to bed. With the exception of a slight erysipelatous attack his recovery was rapid, a considerable part of the wound having healed by the first intention. The lad called upon me last week, and now, nearly eight months after the operation, there is scarcely a vestige of deformity remaining. When viewed in front, the line of incision is completely concealed, and several persons who have examined him, were at first unable to decide on which side of the face the bone had been removed. Mastication is performed with the greatest ease on the right side, and in every respect the condition of the boy is most gratifying. The external surface of the bone removed was of a dark red colour, and a section through its inner portion clearly revealed its osteo-sarcomatous nature. Contrary to our expectations, nearly the whole body of the ramus was involved in the disease.

What advantage could possibly have been derived in this case from the
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ligature of the primitive carotid as a preliminary step in the operation? In another case, where some four weeks previously we were obliged to disarticulate the bone, only one ligature was required; and judging from the little difficulty of guarding against any serious hemorrhage, which was found in both these cases, in future operations of the kind, we certainly should hesitate before we attempted to carry out the recommendation of Dr. Mott to secure the carotid, or the proposition of Mr. Liston to tie the common trunk of the temporal and internal maxillary. As the final result of the other case to which we have referred is still uncertain, we defer its report to a future number of the Journal.

NEWBURGH, Nov. 8th, 1848.

ART. XIV.—*Vaginal Hysterotomy.* By JOHN H. GRIFFIN, M.D., of Salem, Roanoke County, Virginia.

I WAS requested on Wednesday, May 10th, 1848, to visit Mrs. W., of Montgomery County, a young married lady of good constitution, in labour with her first child; but owing to existing professional engagements, was unable to go so far from home (twenty-six miles) on that day; being again sent for, however, that night, I reached my patient on the afternoon of the next day.

I found Drs. Eady, Kent and Jackson in attendance. Labour had commenced at midnight on the previous Monday, and, up to that time, although the pain had been strong, no appearance of the “os tincae” had been detected. After repeated careful examination, I was fully satisfied that the mouth of the uterus was altogether wanting. The external parts were rigid, and extremely sensitive to the touch; but within, what I supposed to constitute the neck of the uterus, was found soft, and spread out into a thin smooth membrane, through which the head of the child could be distinctly felt, and, between the two, during the existence of a pain, the bag-like projection of the distended membranes. But, after the most diligent search, no opening could be found, and nothing to mark the place where it should have been, except a slight degree of roughness, and apparent depression, at a spot not larger than a squirrel shot.

All the gentlemen present, having satisfied themselves of the condition of the patient, concurred in the opinion that the operation of vaginal hysterotomy should be no longer delayed, and requested that I would perform it.

After having the woman properly placed, I carefully sought for the rough depression above referred to, with the hope that I might be enabled to introduce a probe pointed bistoury, and thus effect the necessary division of

the neck of the uterus, from a spot clearly indicating where the opening should have been. But in this I was disappointed, not being able to detect any opening, and was at length forced to substitute the sharp pointed for the blunt bistoury:—both of which had been previously prepared by wrapping them to within a short distance of their points. This was carried down to the same spot, between the fingers, and a free bi-lateral section made which was afterwards somewhat enlarged, the probe-pointed bistoury being substituted for the sharp. No hemorrhage, worth mentioning, occurred, and, the section being made during the existence of a pain, the operation was performed without the knowledge of the patient.

The pains were now strong and frequent, and, although the presentation was the 6th of Baudelocque, and from the excessive rigidity and tenderness, it was impossible to induce the patient to submit to the entire introduction of the hand, in order to change it to one more favourable, yet it was thought best to delay any further interference, for a short time, with the hope that the natural efforts of the uterus would be adequate to the expulsion of the head. Disappointed in this, the mouth of the uterus being fully dilated, the application of the forceps was proposed, and I proceeded to introduce the blades, amidst loud complaints of suffering. Some difficulty was experienced in locking them, and the patient, worn out by long suffering, with that impatience which might have been expected sooner to manifest itself, insisted that the instruments should be transferred to Dr. J. The blades were therefore reluctantly withdrawn, and handed over to that gentleman, who, after some effort, not succeeding in introducing them, again offered me his place at the bed-side, with the hope that my second effort would prove more fortunate than the first; but, as I was about introducing the second blade, the patient positively refused to submit to the operation, and her husband, also a physician, alarmed lest further delay should endanger the safety of his wife, now insisted that the crotchet should be immediately resorted to. My remonstrances were of no avail, and the head was extracted, mainly by the efforts of Dr. Eady, after *seventy-two hours* of suffering, to the great relief of the mother, and delight of the friends present; but mingled, in my own case, with regret for the loss of the child, which, if alive at the time of the operation, ought, I think, to have been saved. The mother fortunately recovered, without any symptoms, so far as I have been able to learn, worthy of particular remark. The catamenia, which had been regular previous to marriage, returned in a few weeks.

I am informed by Dr. W. that, during the early stage of pregnancy, Mrs. W. complained of uneasiness and pain within the pelvis, which, at the time, was referred to the bladder; but which the occurrence above detailed renders probable was, in fact, inflammation of the neck of the uterus, by which the os was entirely obliterated; no opportunity has been presented for ascertaining its present condition.

This, according to Professor Bedford, of New York city, is the third time this operation has been performed in America.

ART. XV.—*Amputation in Gun-shot Wounds.* By RICHARD MCSHERRY, M. D. P. A., Surgeon U. S. N. (Communicated in a letter to the editor.)

IN the October number of your valuable Journal, under the head of "Surgery" in the Quarterly Summary, is an interesting paper by M. Malgaigne on the question of "amputation in gun-shot wounds." This paper recalled to my recollection that, during the late campaign of Gen. Scott, in the city of Mexico, it was a constant theme of remark among the surgeons in attendance, as well as of the whole army, how extremely fatal gun-shot wounds were in that climate; and many were the surmises in regard to it. At one time a large number of the soldiers believed the balls were *poisoned* by the Mexicans, and it was generally asserted that they were made of copper. Many officers thought the fatality was owing to some *specific effect* of the climate. My own conclusions are different as to the *copper balls*. I picked up out of curiosity at the castle of Chapultepec, immediately upon its capture, a rough, queer-looking grape-shot of suspicious colour, that I felt sure was copper, but which appeared upon examination to be *bell-metal*; for during the armistice the Mexican General had caused a number of bells to be run up to give him a supply of ammunition.

As to a *specific cause*, in the climate, I think we may safely set that aside when we take M. Malgaigne's little statistical table of the results of amputations for traumatic lesions in the Paris hospitals, for the ten years from 1836 to 1846. For example, there were thirty-four deaths out of forty-four amputations of the thigh; forty-two out of sixty-seven amputations of the leg; seventeen out of twenty-nine of the arm, and so forth. Now according to my experience and observations, the fatality here was quite as great as in our army, except in amputations of the thigh, which were almost invariably fatal, whether primary or secondary. This may be accounted for, in part, by the fact that our wounded had not the comforts and *rest* of the Parisian hospitals. During and after the battles of the valley of Mexico, they were of necessity much exposed and had to be transported in wagons or ambulances from one position to another; were sometimes exposed to vicissitudes of weather, both before and after dressing their wounds, and had many unavoidable disadvantages as to diet, clothing, &c.

Be the cause what it may, it is very certain that cures after severe injuries of the knee or thigh were very rare indeed; so much so, that, like Ribes, I *did not see a single one, in my own practice, or that of any other surgeon*, whether amputation was performed or not. Possibly some of the surgeons may have a different experience. I can only say that although I remained in the city of Mexico eight months after the battles, and *walked* the hospitals, I did not see one soldier restored to health after a gun-shot wound of the thigh involving fracture.

As to all other wounds, not fatal in their nature, they resulted as favourably as in other climates. My own conviction is that not one case out of twenty proved fatal when there was no further injury than amputation of the arm. There was not a fatal case under my attention or observation.

If all the surgeons who accompanied the army on the march were to give in their experience, the practical deductions would be, most probably, that, while certain most formidable injuries of the thigh, or particularly of the hip or knee, make the case *hopeless* without amputation, yet that in most cases, the patient would stand as good a chance of recovery with his leg as without it; and that therefore we adopt the better policy by attempting to save, at once, his life and his limb.

U. S. NAVAL HOSPITAL, near Norfolk, Va., Nov. 1848.

ART. XVI.—*A Case of Intussusception*. Communicated by WILMER WORTHINGTON, M. D., of Westchester, Penn.

THE following case presents a feature so unusual, that I have thought its publication might be acceptable to the profession. Should you be of this opinion, you will please give it a place in your valuable Journal.

A male child aged three years and four months, of rather delicate constitution, was passed over by a horse in the street, near two years ago, and very much contused upon the back, and in the left iliac region. From that period up to the first of November last, he had frequently complained of pain in the abdomen in the immediate vicinity of the injury, when the pain became greatly aggravated, accompanied with occasional vomitings. For these symptoms the mother had administered large doses of laudanum, without any apparent benefit. Some time in the latter part of December or the beginning of January my attention was called to the child. Supposing worms to be the principal cause of his sufferings, I directed medicines for their removal, and these were varied according to circumstances, without any material change in the symptoms, or relief to the little sufferer. About six weeks previous to his death, a diarrhœa came on with discharges of bloody mucus. The pain was still severe in the same region as formerly, and great tenesmus accompanied his efforts to evacuate the bowels. Two large lumbricoid worms were now passed, one of which was coiled into a knot. These were the only worms which made their appearance during his illness. Prolapsus ani took place about this time, which was mentioned to me by the mother: but having directed her to replace it immediately after each evacuation, I never saw it in a prolapsed state. The child had greatly emaciated, and its sufferings were intense. I placed it upon the

use of hyd. sub. mur. and opium, which I continued for some time, and finally exchanged them for a solution of sulph. morph., which was continued *pro re natâ* to the time of the child's death, which took place on the tenth of July. The warm bath, fomentations, with a variety of other treatment had been used without benefit.

Twenty-six hours after death I made a post-mortem examination. The omentum majus was found diseased, the result of inflammation. The stomach, duodenum, jejunum, and part of the ileum were but little affected; a slight shade here and there of inflammation appeared. The lower part of the ileum, cœcum, colon, and rectum, were inflamed, particularly the cœcum and colon; the former approaching a state of gangrene. The cœcum was inverted into the colon, passing through its whole length and lodging in the rectum near the anus; carrying with it the lower part of the ileum, and a large portion of the inverted colon. The cœcum, all the colon except about ten or twelve inches of its lower part, and a considerable part of the ileum, had passed into the lower portion of the colon and the rectum, making altogether more than two feet of inverted bowel.

The liver, spleen, pancreas, kidneys, and bladder, were all healthy. The stomach and bowels were entirely empty. No worms were found. No food had been taken for about two weeks.

From the appearances which this examination presented, I came to the conclusion, that the cœcum must have passed through the sphincter of the anus during the child's efforts to evacuate the bowels. With a view to ascertain this fact, I have since inquired of the mother what appearances the prolapsus presented, and from the description given, I have no doubt of the correctness of this opinion. Indeed, from the position of the parts as revealed upon dissection, I cannot conceive how it could be otherwise. The women who officiated after its death, replaced the protruding bowel, and they corroborate the mother in their statement of its unusual appearance.

July 18th, 1848.

REVIEWS.

ART. XVII.—*A Treatise on Etherization in Childbirth. Illustrated by five hundred and eighty-one cases.* By WALTER CHANNING, M. D., Professor of Midwifery and Medical Jurisprudence in the University at Cambridge. "Give me the facts," said my Lord Judge: "your reasonings are mere guess-work of the imagination."—*Old Play*. Boston, 1848: William D. Ticknor and Company, 8vo. pp. 400.

UPON the addition of any new agent to the lists of the *materia medica* it is extremely difficult, at first, to arrive at a correct judgment in regard to its true remedial properties, or the circumstances under which alone its employment is safe and proper. It is only after the one-sided statements, and overstrained eulogies of its early advocates have been corrected by the cautious and repeated results of sober experience, that an accurate estimate of its real value can be formed. This has been strikingly evinced in the case of the several anæsthetic agents recently introduced as a means by which pain may be certainly banished from the operations of surgery, the process of parturition exempted from suffering, and many of those terrible affections which have, heretofore, in a great measure, resisted the curative means possessed by the physician, are to be placed entirely under his control. A wild enthusiasm appears to have taken possession of the early advocates for the use of the anæsthesia in surgery and obstetrics, which has led them to view anything less than an instant and implicit confession of faith in all they were pleased to claim for these agents, as an opposition to truth that should not be tolerated; and this, perhaps, more than anything else, has prevented the general adoption of etherization, the recognition, ere this, of its true value by the profession, and the settlement of the class of cases in which it may be safely and profitably employed for the prevention of pain.

So far as regards the use of etherization as a means of controlling the pains of childbirth, the questions involved, though important, are still so very simple, that we can conceive of no difficulty in speedily arriving at their satisfactory solution. Pain is unquestionably an evil; and its prevention is always justifiable; provided it can be effected without the risk of causing injury or serious inconvenience to the patient. Hence, the only preliminary points to be settled in reference to the use of etherization in parturition are, 1st. Will it abolish the pains of labour, without, at the same time, suspending or retarding the expulsive action of the uterus? and 2d. Can it be employed without danger to the mother and child? The answer to these questions is, however, to be derived from the results of experience alone. No light whatever can be thrown upon them by *a priori* reasoning. If it can be shown that in numerous instances etherization has been resorted to during labour, with the invariable effect of preventing pain, without, in any case, causing injury to either the mother or the child, we have an unquestionable warrant for its employment in childbirth. This cannot be opposed by mere theoretic views as to the probable

danger of the practice, or by our inability to explain how sensation and voluntary motion can be suspended, by substances inhaled into the lungs, without any interruption occurring in the organic power. The leading fact of the efficiency and safety of etherization as a preventive of pain being settled, the minor questions as to the proper anæsthetic agent to be selected, the time and mode of its employment, and the cases, if there be any, in which the abolishment of pain by this means, is of doubtful propriety or positively forbidden, can be very readily solved.

Our warrant for a resort to etherization in childbirth must be based on the results, not of a few cases, nor even of a number of cases, but of a large accumulation of experience as to its usual effects. And until this experience has been attained, the advocates of etherization will certainly pardon the hesitation of the more cautious members of our profession, who, with Professor Meigs, though still unconvinced, hold themselves "in readiness to yield to conviction upon sufficient evidence being adduced of the necessity and propriety of etherization in midwifery."

To furnish that evidence is the object of Dr. Channing's publication. And we admit, that although the body of facts which it presents, are far from constituting all the data by which the necessity, propriety, and safety of etherization in childbirth are to be fully established, they are, nevertheless, all important and deserving of the most serious and candid consideration.

In the introductory chapter, in which the plan and object of the work are indicated, Dr. C. informs us, that his first intention was merely to present to the public a detailed account of the numerous cases of labour in which he had employed etherization, and which had gradually accumulated since the publication of the second edition of his pamphlet on this subject, in July, 1847. But the thought occurring to him, that with very little personal trouble, he might collect from various sources, facts in regard to etherization, which would in a much surer manner, make his book useful, than would anything of his own which it might contain; he accordingly prepared and addressed to many physicians in Boston and its vicinity, a circular containing questions which embraced some of the most important points regarding the use of ether and chloroform.

"My great, I had almost said my sole object in this circular—in short, in my whole efforts" Dr. C. remarks, "was to ascertain here at home, in the birthplace of etherization, what had been the precise results of many experiments, made by many physicians, of the employment of the remedy of pain. My object was to learn if this use of it had been *safe*—safe both to *mother* and to *child*; and thus, as far as such results might reach, to contribute something towards settling the most important point concerning its further use, namely, that of its safety.

"This matter of safety is especially dwelt upon, because much that is related to it, if not all else, has very little in it requiring present discussion or argument. I consider other questions, as in an important sense settled, and, therefore, not demanding special attention. Thus we know that *pain* may be abolished by etherization; we know that voluntary or *animal power* is very much, if not wholly, suspended during this state; we know that *organic power* remains. Nay more, we know that it is often increased, that of the womb for instance; and in the exceptional cases in which uterine contraction is diminished, or in which it entirely ceases, we know that this is temporary, and that no danger to either mother or child has hence ensued. We know, finally, that during and in consequence of etherization, circumstances highly favourable to safe as well as to easy labour arise. Among these may be enumerated the increase of secretions in the organs immediately concerned in labour, and a more perfect relaxation or dilatability than existed before its use. Dubois first made this last observation, and my latest experience of etherization confirms his early and important statement."

Although it was to the question of safety, in the experience of the New England practitioners, that Dr. C.'s attention was directed in the questions in his circular, yet he warns the reader from supposing this to be a very simple or a single question.

"It has regard, indeed, he remarks, to a single fact, the well-being of mother and child. But to show that, in its uses here, etherization has been safe in midwifery practice, is to declare a most important fact. Safety in this matter involves whatever exists or is done in etherization, as a condition towards this great end. These conditions are few, and cannot be too often repeated. They are, 1st. Purity in the article used. 2d. Such an instrument as will allow the freest escape of the expired or *exhaled* air, and the due admixture of atmospheric air with the *inhaled*. A hollow sponge for ether answers every purpose; for its structure is such as to ensure these conditions. 3. When *etherization* is produced, inhalation is to cease. This state is declared by the relaxed condition of the limbs, the inability to raise the eyelids at command, and cessation of complaint. The books are full of other conditions, and in these the diversity of individual observations and views is sufficiently declared. Suffice it to say, concerning the mode of exhibiting ether vapour, that, of the two methods recommended in midwifery, the one by Professor Simpson, which directs so much to be used, and after such a manner, as shall in the shortest time produce the fullest effects—and the other recommended by observers here in the same practice, which seeks its object by a less quantity, and that, moderately administered. I think, of these the latter is decidedly to be preferred."

It was at first the intention of Dr. C. to publish along with his own cases, tabular views of what he had been so kindly and liberally favoured with in answer to his circular, together with the accompanying letters, and here rest the case. It was an afterthought to devote some pages to a few of the topics which his subject directly involves.

Dr. C. has not confined himself to etherization in childbirth. He has also noticed its employment in Surgery and general medicine. He has done this, he tells us, for illustration, and especially for its bearing on labour, both in regard to its agency, and in explanation, and as argument for its safety in practice.

Although the main object of this introductory chapter is to point out the plan and scope of the work, the author has introduced into it a general defence of the safety and utility of Etherization, and in stating the sources of his facts has, by frequent and somewhat abrupt transitions, furnished us with much of the results of his own experience, and his deductions from the materials collected from various sources.

The question as to whether there are any circumstances connected with the character of the labour or with the condition of the parturient female at the time which forbids a resort to etherization, is an all-important one. Dr. C. answers it, in this chapter, in the following words.

"With regard to contra-indications to etherization which are founded in other conditions, whether of coexisting functional or structural disease—whether of heart, head or lungs, I have no experience or observation to offer. I have met with none. I believe I am borne out by facts, when I say, that, in the examinations which have been made of those who have died after etherization, it has not happened, in more than a single case, that any disease existed in any of the organs referred to, whereby to explain the death. The exception occurred lately in New York, and will be referred to more particularly hereafter. And for this, it will hereafter be shown, by cases of known and grave structural disease, in which etherization has been afforded by it, and no suspicion, much less proof furnished that any untoward results have been produced, or death accelerated by it. A case of confirmed phthisis is this moment under my care, in which chloroform has been very excessively and imprudently employed; and from which no other apparent troubles than nausea and vomiting have followed. These ceased when inhalation

was omitted; of contra-indications to etherization arising in diseases and lesions above alluded to, I have no experience to offer."

In this same chapter we are presented with Professor Simpson's letter to Professor Meigs, the reply of the latter, and also a letter from Professor Meigs to Dr. Channing in answer to certain inquiries proposed to him by the latter, in reference to the Professor's "trials and views" on the subject of etherization. The letters of Dr. Meigs are made the subject of a somewhat extended criticism. The objections urged in them against the employment of etherization to prevent the pains of labour are reducible to two. The first, is the danger to life resulting from its use. It being shown, Dr. M. remarks, by the experiments of Flourens and Wakley, that the aspiration of ether or chloroform, continued but a little longer than the period required for hebetizing the hemispheres, the cerebellum, the tubercula quadrigemina, and the cord, overthrows the medulla oblongata, and produces thereby sudden death; consequently, there is a fear that, in all cases of chloroformal anæsthesia, there remains but one irrevocable step more to the grave. And, inasmuch as the employment of this agent in cases of labour cannot be shown to be indispensably necessary, consequently we have no right to needlessly risk the possibility of a fatal result by a resort to it. The second objection is founded upon the belief entertained by the Professor, that there is "some physiological and therefore needful and useful connection of the pain and the powers of parturition." "If I am not here in error," Dr. Meigs remarks, "I submit that no statistics ought to have a real power to convince."

The proper reply to Dr. Meigs' first objection would be the proof, either that the anæsthetic agents heretofore employed do not affect the functions of the medulla oblongata, or their exhibition is capable of being so accurately graduated as to guard against the extension of their influence to that portion of the brain. Dr. Channing has, however, thought proper to follow a different plan, and as we esteem the objection a very important one, we shall present, in his own words, his observations in answer to it.

"It will be perceived that the objection of Professor Meigs is wholly and purely physiological. Etherization being given, this objection demands for its removal the law of succession of its action on the several portions of the brain, from the hemispheres to the medulla oblongata, should it happen to reach so far; while it is at the same time obvious, that no such law as this can be ascertained. It is hence an impossible objection (?), and the true question is, whether it should for a moment influence practice. We know not what is the succession of events, from the slightest impression made by ether or chloroform on the hemispheres, or upon any intervening point between them and the medulla oblongata. We know not, and cannot know, where safety ends and danger begins by any known action of the agent, or by any law of its action. Examinations after death from etherization show every variety of results, from the slightest, or none at all, to the greatest. The heart is found in every condition of emptiness and fullness, and the blood is quite as remarkable for the variety of lesion it presents."

"I have directed as much, if not more attention to the state of the respiration and of the circulation, than to any other facts in the history of etherization. These functions have always seemed to me to demand the most attention. They depend on the integrity of the medulla oblongata for their regularity, and for their very continuance. Thus I have counted the pulse and the breathing before etherization. Then while it was getting established, and during its most perfect state, I have known them to remain wholly undisturbed in the midst and pressure of the total abolition of consciousness and sensibility. The patient has been in a state of entire and perfect repose. It has been the completed work of a second. There has been no time for succession in action, or it has been too small to be measured, or the series of events noted. I have known labour to advance in this state of

things and to terminate, and not a limb or a muscle to move, or the face to betray the slightest token of suffering. In another part of this volume, I have related a case in which volition and muscular power partially remained, or was regained during deep etherization. The woman was evidently wearied with her position on the left side, and in the most methodical manner possible turned herself over to the right, and composed her limbs after such a manner as to secure to herself a most comfortable sleep; and sleep she did through the whole of the remainder of the labour. These cases have been perfectly safe."

Dr. Channing remarks, that the effects of etherization occur in many instances in so short a time after inhalation as to make observation of any succession of events impossible. In addition to what is said in the foregoing extracts of the state of the respiration and pulse being generally perfectly natural, he adds that sometimes this is not the case.

"They are sometimes more rapid, sometimes slower than natural. Sometimes the breathing is perfectly noiseless: at others it is heavy, stertorous, snoring. Professor Simpson speaks of this as occurring more frequently in his practice than has been met with in the cases which have fallen under my own observation."

"Professor Meigs speaks of the depth of sorrow he should endure, should he destroy one in a thousand cases by using etherization in labour. Whence would come that sorrow? Not on account of wrong-doing, certainly. For what better argument could he or anybody else have for employing the remedy of pain in the thousandth case, than the preceding nine hundred and ninety-nine perfectly successful ones? Would it not, at once, occur to such experience as this, that the untoward result was in no sense the product of professional delinquency in the employment of a remedy; but that it was a result not to be looked for or anticipated; which stands as the solitary exception to the universal rule; for such would such an exception make it; which has hence no relation to practice; and the very existence and whole history of which begins and ends with the fact itself? Add to this the fact, that in not a single instance of the thousands of recorded cases of childbirth, has there been a single untoward result met with during etherization; and what further argument do we want to support the position, that this agency in painful labours is not only most reasonably demanded by the sufferer, but that it is the solemn duty of the profession to afford to such suffering its certain relief?"

We admit that the objection of Dr. Meigs to etherization in labour can be overthrown only by the invariable results of experience. If it shall be found, as Dr. Channing asserts it has been, that the employment of this agent to relieve the pain of parturition is unattended with danger to either mother or child, then, certainly the occurrence of hebetization of the medulla oblongata is so improbable an occurrence that it alone should not deter any one from the employment of etherization. But if we should have any probable reason, founded upon experience, for supposing that etherization would destroy one in a thousand, unless some better reason can be given for its use than merely the relief of pain, we must say that a resort to it would not only be improper, but highly reprehensible.

In reply to the second objection of Dr. Meigs, Dr. Channing simply denies that pain is necessary to the expulsion of the child from the uterus.

"The functional department of labour is the *contraction* of the womb, the dilatation of its mouth, vagina, and external organs, which are no more necessarily painful than are those which carry forward and expel the contents of the rectum or bladder. There is no pain in the pure functional actions of the uterus. Pain is the consequence of *resistance* to the contractions of the womb, which the moving body, the fœtus, encounters in its progress to birth. Pain in labour is the result, first, of the imperfect harmony of functional dilatability of the mouth of the womb with the contractions of the organ; secondly, of a like state of the vagina; and, thirdly and specially, of a like condition of the perineum and external organs. It is in these contingencies, not natural elements of labour, that the whole *pain* of

labour has its cause. The pressure of the unyielding head upon the sacrum also takes its share in the production of the resistance which makes up the whole pain of labour. I do not refer to morbid conditions of the passages, such as excessive sensibility and others with which all practitioners of midwifery are so well acquainted. I merely refer to *functional conditions* or disturbances, *which are ordinarily met with*, and which give rise to the agony of childbirth. Now this state is one which demands relief. It does not necessarily belong to labour, since painless, or nearly painless, cases of labour are too common to allow of such a statement for a moment. It is to relieve the unnecessary suffering which results from those conditions referred to, that etherization is employed."

If the pain of labour is not as Dr. Meigs terms it, "physiological pain"—and that it is so we think our author has himself unintentionally confessed in the passage just quoted—then we must conclude that all labours in which etherization is not practiced, excepting the few painless ones Dr. C. refers to, are attended with non-natural elements, resulting, however, from "functional conditions" which are "ordinarily met with." Now the real question is this—can the pains of parturition be annulled without increasing in any material degree the risk incurred by the mother or child? And this question, like all the others connected with the subject of etherization in childbirth, can be settled only by the closely and cautiously observed and faithfully recorded results of accumulated experience.

There is one point not noticed in this connection, which is urged by some obstetricians of eminence, against a resort to etherization in labour, and that is, that a state of consciousness on the part of the parturient female is important in many cases as a guide to the obstetrician—the character of the pain or its excitation under particular circumstances being to him, under many circumstances, a language of weighty import. In cases demanding manual or instrumental interference, we can readily understand in what manner pain, or at least a susceptibility to pain, may be of real advantage. This, we confess, does not form a just reason for rejecting etherization entirely from obstetrical practice, but it requires that those cases in which it may be properly resorted to should be carefully pointed out, and all the circumstances under which it becomes a doubtful or improper agent should be accurately defined.

We need scarcely apologize for the space we have occupied in the consideration of Dr. Channing's introductory chapter, or for the frequent extracts we have made from it, inasmuch as it presents a very full summary of the author's own views and the deductions he has drawn from the various facts collected by him, and, at the same time, introduces us to his mode of disposing of the leading objections to etherization in labour.

The next chapter comprises a sketch of the discovery and use of etherization in medicine and surgery. This, though sufficiently interesting, we shall not stop particularly to notice.

In the chapter which follows, the subject of the physiological agencies of etherization is discussed.

From some experiments performed by Dr. Perkins, of Newburyport, in which a frog was etherized, and its web then examined by a strong compound microscope, Dr. Channing infers that, during etherization, there is a complete suspension of the capillary circulation. He states, that after inspiring both ether and chloroform, there is experienced a sensation very exactly resembling that of a limb in the state of "being asleep," as it is called—a sense of tingling or prickling throughout the whole body, especially in the extremities, which he believes may be explained by the arrest of the capillary circulation, or by its renewal as the effects of etherization

cease. A very observing person, who was fully affected by chloroform, told him that the tingling, she thought, was observed before any other effect. All others who have spoken of it have, we are told, referred it to the moment of returning consciousness and sensibility. One individual, who was very slightly affected, felt the sensation referred to upon one side, the left, only. It embraced the upper and lower extremity, and half of the trunk.

A very common and immediate result of inhaling ether or chloroform is noise in the head, sometimes slight, at others very considerable. Dr. C. has never known it spoken of as annoying. It is compared, especially, to things in motion, as the noise of a railroad car—of a machine shop, a cotton mill, &c. He has almost invariably heard it ascribed to any noise which has particularly attracted the notice of the person.

Dizziness or rather confusion is another of the cerebral phenomena. Excitement, pleasurable or otherwise, occasionally occurs. But whatever may be the condition directly following inhalation, it does not last long, or very rarely does so. Unconsciousness, apparent or real, and insensibility, put an end to these sensations.

The condition as to consciousness during etherization is at times perfect. Everything said is heard and remembered. At other times consciousness is disturbed. One person is mistaken for another, though still spoken to with apparent perfect coherence. Other cases present a very different state of things. There is consciousness, but nothing betrays it. A perfect repose exists. Not a word is said; not a voluntary act done. And yet, when the person comes out of this state, there is the most perfect memory of what has been said and done.

"Whatever," remarks Dr. C., "may have been the cerebral condition or functions during etherization, I can say, with entire confidence, that I have never known it to continue beyond the state itself; namely, a few minutes after removal of its cause. I have never observed any loss of strength following its use. On the contrary, the absence of pain during labour has been attended and followed by a remarkable preservation of strength. The uterus has acted with more true power, and patients have returned sooner to ordinary duty—the family—than after any preceding labour. In this observation I am sustained by that of almost every one who has employed inhalation in midwifery practice. I beg this to be especially understood and recollected; for it cannot but have a very decided and favourable effect upon the continued use of inhalation."

In another place Dr. C. observes, that:—

"The etherized person is not *drunk*—is not *intoxicated*. There is the helplessness of sleep; but there are going on most important functions, and without the least disturbance, nay with increased power. The person wakes from this state at once. The mind declares itself in its clearness, fulness, naturalness. There is not a moment of that apoplectic sleep which follows intoxication—none of that surfeited aspect, as if the person, in having been relieved of pain, had for the time become allied to the brute, and did not lose the relation when consciousness has returned. Especially is this true after chloroform. Etherization by this is at once followed by entire return of the faculties. Chloroform very soon disappears from the breath, and is found in none of the excretions, showing how evanescent is its agency."

Etherization suspends sensibility; labour goes on, but without pain. It is not uncommon, however, we are told, to hear, during the uterine contractions, expressions indicating effort. Respiration becomes embarrassed by uterine contraction, and this is often perceived in the apparently voluntary effort which attends it. It is precisely the same as occurs during

sleep, when from an unfavourable position of the body, or other cause, functions become embarrassed. The brain is at once informed of this, and directs the actions necessary to remedy it. The breathing is suspended, then forcibly renewed, until change of position is obtained.

During etherization the voluntary muscles are at rest, and volition is to all appearance suspended. Dr. C. thinks that there is a degree of etherization, however, which is not incompatible with voluntary muscular action, and sufficient to suspend that degree of sensibility which is attended with pain or with pain that is remembered.

"No one," he remarks, "at all conversant with etherization, has not had abundant opportunity to observe, that there are limits which may be placed by him to the power. Nay, what is still more remarkable is this: the patient may, and does, determine or place this limit herself, just when and where she pleases; and in fact, frequently does this when the sponge or the inhaler is in her own hand. She *lets* it fall, when that point is reached. When she does not do so by volition, the limit is exceeded, and the instrument falls, by its own weight, and by muscular relaxation, from between the fingers. It is this which constitutes one of the most important, I may add, beautiful, facts in our subject, and it furnishes us with this practical rule, which should never be forgotten; namely—*entire etherization is unnecessary in midwifery, except in instrumental and other difficult cases.*"

According to Dr. C., etherization has no necessary effect to diminish the organic action of the womb. He has not, in his own practice, met with a single instance in which diminution, or a suspension of contraction, has occurred, which has differed from those in which the same thing has happened without ether. He admits that, in some of the cases detailed in the volume before us, he has found it necessary to give ergot. Thus he has given it because hemorrhage had followed a previous labour, and in some cases because the labour was protracted, or the contractions, though accompanied by *much pain* (?), have been ineffectual, and because the pains following its use, have been as easily controlled by ether as are normal efforts. He thinks the weight of evidence is against the doctrine or opinion, that ether checks labour.

"On the contrary, he adds, we find it often recorded that dilatation has proceeded much more rapidly during etherization; that lubrication by secretion has become more abundant; that contractions have increased, and labour been more rapidly terminated."

The proper settling of this question, we consider to have a most important bearing upon the question, of the propriety and safety of etherization in labours generally. Dr. Charles E. Ware, in answer to Dr. Channing's circular, writes as follows:—

"From my own limited experience, I should say, that the *invariable* effect of the ether was to diminish the force of the pains, and retard the labour, whenever the inhalation was carried sufficiently far to diminish, materially, the suffering. This consequence has been so unvarying, that it has been difficult for me to believe, that the experience of others should differ so widely from my own as has been represented to me by many. When the ether has been carried to entire insensibility, as it has been repeatedly, the consequence has been, that, for a considerable interval, I should say fifteen or twenty minutes, at least, there has been an entire cessation of pains, when the intervals before had not been more than two or three minutes, and, when pains did occur, they would never bring the head down as low as it had been before. In the cases where I have used it, I have always experimented, frequently at different stages of the labour, so as to leave no doubt as to the fact. Twice, in cases of first child, the use of the ether has been a source of great comfort to the mother, by giving her long intervals of entire repose: after which, she would wake up refreshed to go on with the labour, although the disappointment has been great to discover that it was not all over."

Dr. Channing endeavours to get over this positive and direct testimony of Dr. Ware, by suggesting that the lengthened interval and diminished uterine action which he *invariably* observed, were, probably, the replacement of the irregular and violent, and so non-natural effort by the normal or true action, in consequence of the agency of the will in stimulating to excessive and irregular action, being suspended by etherization. Dr. C. confesses that he has again and again witnessed this temporary and even lengthened interval of uterine effort, and diminution of its force, during etherization. But he has viewed it as the natural state of the function, which etherization has produced, and has consequently welcomed it. The recurrence of uterine contraction has not been with diminished force, and has been attended by speedy and painless delivery. Dr. C. admits, that the cases of Dr. Ware cannot be referred to the same class as those in which, when etherization has not been practiced, a suspension of labour pains takes place for a longer or shorter period. They are too many, he remarks, to be resolved into mere coincidences. But still, as they differ from a wider experience, they are not, he remarks, intended to make an objection to the continued use of etherization.

To prove that etherization does not necessarily suspend or lessen uterine action, Dr. C. adduces the evidence of Professor Simpson, of Edinburgh, and of Dubois, of Paris, and the case of Stoltz, of Strasburg.

In regard to the condition of the respiration and circulation during etherization; the first, we are told, is usually somewhat hurried in the first inhalations, probably more from mental excitement, than from any direct effect of the agent used. When etherization has taken place, the breathing becomes slow and noiseless. Rarely has Dr. C. noticed the stertorous breathing, or snoring, described by Professor Simpson. In three cases it was present in a very slight degree. The pulse is at first excited, evidently from mental causes. The pulse afterwards becomes calm—returning to its natural beat, or falls below it.

“One change in the pulse is very striking. It is the diminution in frequency, and increase in force, which sometimes attend on etherization. Dr. C. has known the pulse fall to between thirty and forty beats in the minute after chloroform. He has never observed the change to this extent after sulphuric ether. This slowness of pulse in different degrees almost always accompanies the perfect quiet and unconsciousness of full etherization. Whenever this state of pulse occurs, if you have not removed the inhaler, do it now. The whole state of the patient shows that our object is obtained. If the slowness of pulse be noticed in the *interval of contractions*, which is the time of its greatest intensity, a change in the circulation at once is declared, when uterine contraction returns; and we shall find that the natural state of the pulse will be restored, and this the more as the consciousness and sensibility return.”

Nausea and vomiting are occasionally induced by etherization. Dr. C. has seen only one case of vomiting, and this after chloric ether, and not more than one or two attended with nausea.

The subjects of the next chapter are the production, conditions, signs, and results of etherization. Some remarks are made in reference to the comparative effects and consequent availability of the different anæsthetic agents used for inhalation.

“Safety in etherization,” Dr. C. remarks, “can only come of conditions.” These are found in the article employed, the instrument or inhaler, the present state of the patient, and the effects produced. He insists upon the importance, as a preliminary requisite, of the entire purity of the particular agent employed. Upon this depends, in a great measure, the safety

in its use. It is unnecessary to notice the author's conclusions in regard to the best instrument, also the most proper mode of inducing etherization. To communicate any useful information to our readers on these points, would require a length of detail that would be scarcely tolerated, even were it proper, in the review of a work which is within the reach of all who feel an interest in the subject.

After pointing out the fact, that the entire process of labour is a purely physiological function,—that its commencement, the dilating of the os uteri, the contraction of the womb, are all strictly functional,—Dr. C. remarks that, when the os uteri is fully dilated before uterine contractions come on, the labour is painless; but when labour occurs before this dilatation has been effected, or when from any cause does not readily allow the passage of the head, or when the position or presentation of the latter are unfavourable, we have irregular, convulsive efforts of the womb, attended with great suffering, to relieve which, the will calls into action all the muscular agencies which can be commanded. In consequence of which, strength is wanted, the organs become irritable and tender, the secretions are diminished, &c. Now, it is in these cases, we are told, that etherization exerts the most happy influences. Contractions are controlled, or even suspended, if the labour be wholly spurious, or even when this is not the case, but where increased resistance is operating to prevent timely delivery, the same useful effect may be produced.

But if, as is certainly true, the pain and troublesome and alarming consequences, in the cases just alluded to, are the consequence of violent and prolonged contractions of the uterus, caused by a resistance to the passage of the head, and etherization has not the power of arresting the actions of the womb, but of increasing them, we cannot understand upon what principle its agency becomes, under such circumstances, beneficial, or even safe. It may overcome all voluntary efforts on the part of the patient, but cannot control uterine action, unless it is presumed that, while etherization allows the natural, efficient contractions of the womb to proceed, it controls all abnormal action, as well as that which from any cause is rendered inefficient.

Dr. C. admits that, while etherization has never been productive of other than beneficial effects in cases of labour, it has, occasionally, though rarely, been followed by untoward results in surgical cases. This, he presumes, may be accounted for by the state of entire health of the patient in the first, and the augmented vitality of pregnancy; while in surgical patients, there is often a state of suffering from some local affection, often a mere result of internal disease. The operation is itself a violence done to sensitive textures, the most sensitive which enter into the composition of the body. There is no interval during which there is a perfect rest from suffering, as in labour, and hence, there may be no respite from inhalation. In regard to the fatal cases which have occurred, whether at home or abroad, Dr. C. suggests whether there may not have been some constitutional peculiarity, some individual predisposition, which led to the fatal result. Is it not possible, that this same peculiarity, this same predisposition, may happen in obstetrical cases, as well as in patients labouring under diseases requiring a surgical operation?

“There can be no sort of doubt, Dr. C. remarks, that the condition which is produced by sudden violence—the crushing of a limb by a rail-car, by external injuries from powder explosions, &c.,—is most unfavourable to the successful performance of a grave surgical operation, whether during etherization or not. It is

not ether or chloroform which kills here. It is the shock to the nervous system which first perilled life, and the operation, which gave the only chance of recovery, would, probably, have been followed by death, let the circumstances under which it was done have been what they may."

To this is to be added the further shock resulting from the fear of the operation.

In some cases of labour, we are told, the first impression, or effects of etherization, are very unpromising, and seem not to authorize its further employment; when, however, the patient urges its further continuance, Dr. C. has permitted it, and with the happiest results.

In regard to the important question, Is etherization to be induced in all cases of labour? Dr. C. remarks that he has seen nothing in any case which has fallen under his notice, which would lead him to the conclusion that it is not proper in any case of labour, or that it has been injurious or unsafe in any one. The evidence from all others who have been consulted by him is to the same general purport. The exceptions which have been reported to him do not disturb the rule.

"They are not designed to do this. They proceed from differences, not conflicts of opinion, and are not stated to influence the practice of others; one only says, that he thinks that an equal number of cases of childbirth without ether have done better than have those which have been treated by it. But he offers no evidence that the ether has done harm in any one."

Various deleterious effects have been ascribed to etherization, as exhibiting themselves subsequently to delivery. Thus it has been accused of inducing puerperal mania, puerperal convulsions—and of endangering profuse uterine hemorrhage. Each of these alluded consequences of its use is examined by Dr. C. and many important facts adduced calculated to throw light upon the important question of the freedom from danger of etherization, so far at least as the serious results first alluded to are concerned.

"Thus far, he remarks, it may be said of etherization, that it has produced no such effects in midwifery practice as for a moment suggest the thought that it should be laid aside, or make its entire safety a question. I have not met with a case, either of personal observation or of record, in which anything untoward has occurred in midwifery during etherization which has not been explained without referring it to any malign influence of this condition. Labour has been met with having its gravest complications after the use of ether, just as these have occurred before its power was known. And, again, these very complications have been wanting after etherization, while they have occurred in a most alarming form after labour without it. Hemorrhage has been among these complications. It is the most frequent of all others. I have not met with it more frequently of late than formerly, and, of all the cases which have been communicated to me, or which I have met with in books, I have not found one which without question, should be ascribed to etherization."

The following nine propositions, in which the course of Dr. C. in regard to the use of etherization in labour, is indicated, are interesting as presenting, in a few words, the leading conclusions at which he has arrived from his own experience, and the facts he has derived from other sources.

1. "I generally take with me ether or chloroform, or both, and an instrument which I have found to be of easy and safe use.

2. "If I am not desired to employ etherization, and the pains are very severe, I offer inhalation as a sure and safe means of abolishing pain; and this in perfectly natural labour, and when it is proceeding rapidly and favourably.

3. "In protracted labour, in which dilatation goes on very slowly, and notwith-

standing very severe contractions and great suffering, I recommend and employ inhalation.

4. "In any labour; if along with imperfect dilatation, or when this is natural, but the secretions are deficient, and whether morbid irritability or sensibility exist or not, I use inhalation.

5. "In protracted cases, if dilatation be slow, and the contractions defective, or the same character of contractions be accompanied with more ready dilatation or dilatability, I use inhalation.

6. "In instrumental labour, I use inhalation; *applying always the instruments before etherization is begun.*

7. "In those cases of preternatural labour in which turning is necessary, I employ etherization.

8. "In any case in which increased contractions do not attend etherization, or in which they are diminished, and in cases in which hemorrhage has followed a preceding labour, I give an infusion of ergot; rarely, if ever, with the powder, just as I would have prescribed secale, had etherization not been discovered.

9. "If the patient object to inhalation, I do not press it. For the most part, the objection is made in terms sufficiently explicit, before the suggestion to employ etherization is made, to prevent its being offered, and, again, its forced use will probably fail to produce its desired effects; and so to the untoward, should that follow, will have to be added the consciousness of failure, and the sure memory of it by others."

In the next chapter we have an account of the treatment of the abnormal effects of etherization.—These are the occurrence of paleness, lividity of the fingers, lips and face, diminished temperature, rapid and feeble pulse, a sighing, slow, deep, or a noiseless, almost imperceptible respiration, and perfect stillness of the patient. These symptoms may occur suddenly, in the beginning of inhalation, or only after a long-continuance of inhalation. In the first case they resemble syncope, in the last exhaustion. Inhalation is immediately to be suspended upon the occurrence of these symptoms, the patient is to be supplied with fresh air, but in such a manner as carefully to avoid *chilling her*. Heated flannel should be applied to the skin—bottles of warm water or heated irons to the feet and inside of the legs. Gentle friction should be applied to the surface. Internally, moderately stimulating drinks should be administered, but over stimulation carefully avoided.

In other cases etherization produces a kind of hysterical paroxysm, attended with great restlessness, jactitation, screaming, crying, laughing &c. &c. The skin becomes red, hot and swollen, the eyes are brilliant, and the hearing morbidly acute. These symptoms may be treated with antispasmodics, and will, we are told, for the most part disappear in the time of an ordinary attack of hysteria. Catalepsy has also occurred during etherization, as well as other and very severe forms of convulsive disease. Dr. C. considers that an expectant or palliative course is the best under these circumstances.

According to Dr. C. these abnormal effects of etherization

"Can have only a very indirect relation to *childbirth*, since he has known of no case of labour, in which the various affections so distinctly referred to have ever been noticed; on the contrary, they have been confined, almost exclusively, to minor operations in surgery, as tooth drawing, nail drawing, &c. But adds Dr. C., with great propriety and commendable candour,—as in certain constitutional or acquired predispositions—of which, however, we may know nothing—disturbances may occur, it is not out of place to refer to the practice which, under apparently similar circumstances, has been found most useful."

Certain morbid states occasionally occur after etherization. These, according to Dr. C., are sometimes recurrences of trouble, after the imme-

diate effects have been suspended, or have disappeared; in other cases they appear to be an increase of what has attended etherization, or are disturbances produced by accidental causes acting upon a merely acquired predisposition. They are to be treated in the same manner as similar morbid conditions should be when induced by any other cause.

Etherization has been known to diminish or suspend uterine contractions. In such cases Dr. C. recommends an infusion of ergot without the powder.

Our author proceeds in the next chapter to consider the objections to etherization in childbirth—These are 1st. *The pains of labour are not so severe as to authorize the use of an agent of known power to destroy sensibility.* This objection is a trifling one. The amount of suffering in childbirth certainly varies very much in different cases. It is borne by some women without much complaint, while by others its anticipation even is looked to with fearful anticipation. Few, we think, will be inclined to deny, that a means of preventing the pains of labour, provided they were satisfied its use would be unattended with risk to the mother or to her child, is a desideratum—that the discovery of such a means will not prove a blessing earnestly to be desired.

2. *Etherization is not certain, and may be unsafe.* This objection can only be answered by the results of experience. Dr. C. believes that these results, so far as experience of the effects of the agent up to the present time has gone, are in proof both of its certainty and safety.

3. *The religious objection.*—This objection is an exceedingly futile one, and so far as it is based on Gen. iii. 16, has evidently arisen from a misconception of the text.

4. *The moral objection.*—This is an equally weak objection with the foregoing. It is admitted that the inhalation of ether and chloroform has been resorted to by persons in health for the pleasurable excitement they produce, and has, in consequence, been the cause of the most serious injury. But the abuse of any agent cannot be urged as an argument against its legitimate use for the relief of physical suffering or the cure of disease. Admit its validity, and we should be forced to strike from our lists of the materia medica opium, wine, ardent spirits, and a number of other important remedies, the abuse of which has been the cause of far more moral evil than can possibly result from the unprofessional employment of either ether or chloroform inhalation.

5. *It may injure the child.*—This objection can be answered only by the lessons of experience. Dr. C.'s observations on this point will be learned from the following quotations:

"Etherization, we are told, may mentally or physically affect the infant. It may weaken in mind or body; and particular diseases are named, which may be looked for from the agency of the remedy of pain. This objection rests upon hypothesis alone. It has no facts for its origin, and none for its support."—"There is not the smallest evidence of any such injurious agency in store for the child born during etherization; and that, so far from this being the case, or is to be apprehended, it is notorious that children born during this state are much more rarely *still-born*, than are those born without its agency, and that they have continued to do perfectly well."

Having examined, in the first six sections or chapters of the treatise, the leading topics connected with the subject of etherization, Dr. Channing presents next the histories, more or less in detail, of seventy-seven cases of labour in which etherization was employed. Then follow three tables embracing the cases communicated in answer to the author's circular, addressed to a number of physicians in Boston and its vicinity, with the view

of ascertaining the extent to which etherization had been employed and what had been its results. The cases thus reported, with those which have come under his own immediate observation, amount to five hundred and seventy-four. The first table comprises five hundred and sixteen cases, in which the foetal head presented, and in which delivery was effected by the unaided efforts of the womb. The cases included in this table he considers to be those by which the propriety of etherization in childbirth is to be tested, inasmuch as many of them were protracted, and others of great difficulty. No notice is taken of the puerperal state; because we are told, in all, except three of the cases, nothing untoward occurred. In the three exceptions, puerperal fever followed the use of chloroform. In one, the fever occurred thirty-six hours after delivery, when the patient was apparently doing perfectly well, and in immediate connection with the operation of a very active cathartic. In the other two cases, the fever occurred under circumstances which excluded the idea of any connection whatever between it and etherization; the disease appearing in other females at the same time and in the same vicinity, who had not been subjected during their labours to etherization.

In this first table five instances of still-birth are noticed.

"Of one of these, it is said, in answer to the circular:—'one still-birth; but I question if effect of ether.' Concerning two, Dr. C.'s correspondent remarks:—'Two of the children were still-born: in one of these cases the condition of the child showed that it had been dead several days before labour commenced. In the other case, the labour commenced with profuse flooding, probably from a partial or entire separation of the placenta from the uterus; while the labour was not finished for seven or eight hours afterwards.' The circumstances of the other cases of still-birth, in like manner, explain its occurrence without any reference of it to etherization. Thus, in 516 cases of labour, embracing among them all the circumstances belonging to this process, except instrumental or manual aid—in all these cases of labour, accomplished during etherization, we have not a case in which the mother did not do well. Cases of still-birth are referred to; but these, as we have seen, had no connection with etherization."

The second and third tables comprise fifty-one cases of instrumental, preternatural, and complicated labour; in twenty-seven of which Dr. C. was consulted, and twenty-four were communicated to him. They occurred in the practice of about forty physicians in extensive practice in Boston and its vicinity. Dr. C. informs us that he endeavoured to collect all the cases of the three classes of labour, above named, which have occurred since the first use of etherization in that city; and though he thinks it improbable that he has wholly succeeded, still he believes that he has obtained the greater number. An analysis of this table is given, upon which the author remarks as follows:—

"This analysis gives *four* deaths in *fifty-one* labours, comprising the most dangerous complications of that process, and requiring methods of treatment in themselves more or less hazardous to life. I believe, without attempting any comparison here of these with like cases in number, as well as of kind, in which etherization has not been employed, that the records of medicine do not present such an amount of safety; so many and such perfectly successful results in operative, preternatural, and complicated labour, as are shown here to have followed etherization."

The table includes twenty forceps cases; twenty cases in which craniotomy was performed; nine cases in which the upper extremity presented; three cases of breech presentation; one case in which the labour was complicated with accidental, and two with unavoidable hemorrhage, and two

were twin cases; in all of these the mothers recovered; in the remaining ten cases the labour was attended with convulsions, and in four terminated fatally.

"The still-births were nineteen. Two abortions and one premature birth are not included. Of the nineteen, four were from craniotomy, and five in twenty cases of forceps delivery, comprising cases in which the labours were protracted three days; and others in which circumstances existed most unfavourable to foetal life. There were six still-births in ten cases of convulsions; for one, being an abortion, is excluded. This is very striking success. But the power of etherization was most manifested in the cases of presentation of the upper extremity. The tables give us *nine* of them, with only three still-births."

The fourth table contains eighteen cases of instrumental, preternatural, and complicated labour, in which etherization was not employed. In some of them Dr. C. was consulted, others were communicated to him, and one occurred in his own practice. The following is an analysis of this table:

Convulsions,	7 cases.	6 fatal.	6 still-born children.
Upper extremity,	3 "	1 "	2 "
Rupture of womb,	1 "	1 "	1 not born.
Placenta prævia,	1 "	1 "	1 still-born.
Accidental hemorrhage, twins,	1 "	1 "	1 "
Jaundice,	2 "	2 "	2 "
Forceps,	1 "	1 "	1 "
Anæmia,	1 "	1 "	1 "
Labour induced, twins,	1 "	1 "	2 "
Total,	18	15	17

"Now making every allowance for unusual complications, in the instances in which etherization was not used, and which amount to four, (jaundice 2: anæmia 1: rupture of uterus 1,) there is an unexplained balance in favour of etherization, of the extremest interest to both profession and public. This balance in figures stands thus:—

"In regard to still-births:—

"In *eighteen* cases in which etherization was not employed, there were *seventeen* still-births; or 94 45–100 per cent.

"In *fifty-one* cases in which etherization was employed, there were *nineteen* still-births; or 37 26–100 per cent.

"Balance in favour of etherization, 57 19–100 per cent.

"In regard to mortality:—

"Of *eighteen* labours without etherization, *fifteen* were fatal; or 83 33–100 per cent.

"Of *fifty-one* with etherization, *four* were fatal; or 7 85–100 per cent.

"Balance in favour of etherization, 75 48–100 per cent."

"This volume," remarks Dr. C., "has for its object to show if etherization be *safe* in labour. It began with a distinct statement of this as its object; and this has not been out of view in a single step or page of its progress. It is reverted to here, because, in the fifty-one cases of the second and third tables, new, and as it seems to me, very strong evidence is furnished of the whole *safety* of the employment of the remedy of pain. This consideration has a direct application to the fourth table. I ascribe no portion of the results of cases, as recorded in it, to the non-employment of etherization; for I assume only to show, that, in the fifty-one parallel cases in which it was used, it did no harm. By others, different views may be taken of these comparative results. They may give to the fifty-one cases a very different and important position in our inquiry. They may consider etherization not only to have been safe here, but to have been a direct agent in the recoveries which are recorded; that, not only was pain abolished, but life was preserved, by its agency. Whichever view may be entertained, one inference may unquestionably be drawn from so many facts,—it is, that etherization may be safely

employed in like cases, and that successful results may be always looked for from its use."

The volume closes with the correspondence elicited by Dr. C.'s circular; and, in an appendix, are given the details of several cases in which puerperal fever occurred after the use of chloroform; of a case of etherization in nausea of early pregnancy, threatening life; of a case of etherization in vomiting, spasms, &c., in the sixth month of pregnancy, threatening life; of a case of cholera treated by etherization; of a case of typhoid fever, accompanied by spasms, in which etherization was employed; of a case of puerperal convulsions in which chloroform was beneficially employed; and a number of extracts from medical journals bearing on the general subject of the treatise.

In the foregoing analysis of the work of Dr. Channing we have endeavoured to lay before our readers a clear, full, and candid view of the character of the evidence adduced by the author in favour of the employment of etherization in childbirth, and the leading deductions drawn by him from his own experience on this subject, and the facts he has collected from other sources.

The subject is a highly important one. The certain means for the relief of the pangs of parturition, is unquestionably to be hailed as a blessing that should not be rejected for any trivial cause or mere hypothesis. But, however desirable may be means for rendering childbirth painless, the simple fact that such means has been discovered cannot be received as any valid argument for its employment. The important point to be settled, as Dr. Channing very properly remarks, relates to its safety—can it be employed without injury to the mother and child? The question as to its safety is not alone, however, whether under its use labour, in the great majority of cases, will go on, and terminate favourably, in respect to both parent and offspring; but, whether under its use risk of injury will be incurred by the one or the other, in any case. For, inasmuch as a remedy whose only object is to quell pain is not absolutely necessary in natural labour at least—shall it appear that in any given number of cases—be the number great or small—risk of injury will be incurred from the employment of etherization, unless such cases can be determined beforehand, we are not warranted in its employment in any.

Dr. Channing, by the facts he has collected, has certainly offered a very respectable amount of evidence in favour of the general safety and absence of risk in the employment of the anæsthetic agents to quell the pains of labour. He is himself a zealous advocate for their use in every and all the circumstances under which labour may occur—and though his zeal has caused him, occasionally, to give undue weight, in the settlement of the question, to considerations resulting solely from the surprising relief from sufferings caused by the administration of these agents—and to ascribe to them an importance in obstetric practice, independent of their power of subduing pain—still as all his statements and reasonings are evidently the result of a deep and honest conviction of the safety and propriety of etherization in childbirth, they demand a candid and serious examination. His views are stated fully and freely, and from a sincere belief that they have a legitimate basis in numerous and well-established facts. The work is not perhaps written with all that care which the importance of the subject demanded—and although to a great extent deficient in strict logical arrangement, and abounding in repetitions and irrelevant remarks, still as presenting very fairly the present state of our knowledge as to the effects of

etherization in childbirth, it will be consulted with interest by all who desire to be informed upon this question.

So far as it goes the evidence adduced by Dr. Channing is in favour of etherization in childbirth. He has shown, at least, that no untoward results have arisen from its use in the hands of numerous physicians during labour; while no adverse experience has been communicated. But still the evidence he has presented is insufficient to settle definitely the question as to whether there may not possibly be some risk incurred from its use. Dr. Channing, it is true, insists upon the safety and propriety of its use in all the forms of labour—natural, instrumental, preternatural and complicated—and even goes so far as to affirm that the presence of disease of the head, brain, heart or lungs, in the parturient female, are not in themselves contra-indications for etherization. It is this ascription of properties so surprising to this agent—the assertion that, while it has the power to suspend sensibility and paralyze the muscles of animal life, it may be given with entire safety, whatsoever may be the age, constitution and state of health of the female or the nature of the labour—which has startled many cautious obstetricians, and deterred them from a resort to it under any circumstances whatever. No other active article of the materia medica is capable of being safely employed under so wide a range of circumstances, and it will demand stronger evidence than has yet been presented to prove that etherization can.

It is urged in favour of etherization that besides suspending the pangs of childbirth, it facilitates the process and renders it more safe—"I firmly believe," says Simpson, "that the superinduction of anæsthesia in obstetric practice, will yet be found to diminish, and remove also, in some degree, the perils as well as the pains of labour," which sentiment is endorsed by our author, who states again and again, "that during and in consequence of etherization, circumstances highly favourable to safe as well as easy labour arise." A most surprising agent truly—it not only removes pain, and increases the physiological actions of the uterus, but facilitates also the passage of the child, and these beneficial effects, instead of being attended by an increased risk, on the contrary, the ordinary risks of childbirth are, by the magic powers of etherization, lessened if not removed.

These exaggerated, as it seems to us, accounts of the effects of etherization will soon be corrected by the results of experience, and should not cause us to disregard the history of its use, and the evidence thence deduced in regard to its effects.

We return our thanks to Dr. Channing for having collected much of this evidence; for, adopting in part his own language, although the question "How generally should etherization be employed in midwifery? and what are the safe and proper limits of its use?" is still an open one; nevertheless "the time which has been occupied in the observation of the facts, has not certainly been lost time."

D. F. C.

ART. XVIII.—*Observations on the Pathology of Croup, with remarks on its treatment by topical medications.* By HORACE GREEN, A. M., M. D. &c. &c.—New York: 1849. 12mo. pp. 115.*

MANY of our readers will remember the author of the above treatise as having attempted to revive a mode of treating laryngeal phthisis which was employed first and then abandoned by MM. Trousseau and Belloc. This method consisted in the introduction of a sponge, wet with dissolved nitrate of silver, into the larynx. The general impunity, and in many cases the advantage, with which it was practised appears to have more immediately suggested Dr. Green's experiments with a similar method in croup. To any one acquainted with this fell disease, the proposed remedy must certainly be unattractive; yet no instinctive repugnance should be allowed to prevent an impartial examination of this or of any other means which promises to subdue, or even mitigate its terrors. In the present instance analogy and experience appear to favour the proposed plan, for cauterization is neither a new remedy in croup, nor one without authority to recommend it. Whether Dr. Green has made any real or essential change, and, what is of greater consequence, whether he has introduced any improvement in this department of therapeutics, are questions which we shall endeavour to answer while passing under review the three principal divisions of his essay. These are 1st, the Pathology of Croup; 2d, the treatment of croup by applying lunar caustic to the affected membranes; 3d, the general remedies employed to cure the disease.

The Pathology of Croup.—At the outset the somewhat startling statement appears as a quotation from Double, that croup proves fatal in nearly *one-half* of the whole number of those who are attacked by the disease, (p. 2). Royer Collard (*Dict. en 60 vols., art. Croup*) and the authors of the *Compendium de Médecine Pratique*, quote Double as making the proportion of deaths *one-third*. We have not the original work within reach, and merely note the discrepancy. Whichever statement is correct, the opinion of Double upon the subject is of little value, for his work was published in 1811, and long, therefore, before the true distinction was made between membranous and stridulous croup. In opposition to Dr. Green's adopted opinion we quote that of M. Guersent, which is that scarcely two out of ten patients escape death, and even this, as has been well remarked, is too large a proportion, if hospital cases are reckoned alone. The truth is that to say one-half of those attacked with membranous croup recover, is almost as great an exaggeration as to assert that a like proportion of cases of stridulous croup perish.

On p. 4, Dr. Green states that "the distinctive and *essential* characteristics of true croup consist in an inflammation of the secreting surfaces of the fauces, larynx, and trachea, which is *always* productive of a membranaceous or an albuminous exudation." Again, on p. 5: "I affirm that inflammation of the respiratory mucous membrane—whatever may be its grade—if unattended with an albuminous exudation, can no more constitute croup" than any disease of the lungs without tubercles can constitute phthisis. In these propositions all sound pathologists must concur, and

* As the verification of dates is sometimes important, it should be known that the date upon the title-page is incorrect, the work having been in our possession early in October 1848.

we were therefore taken by surprise on finding "spasmodic croup" ranked by the author as a variety of this malady, and not as a distinct disease; as an affection in which spasmodic and nervous elements predominate, but in which, nevertheless, the albuminous secretion is effused, although more tardily. The remissions which take place in the early stage of spasmodic croup occur, says Dr. Green (p. 9), "not because there is no degree of inflammation present and, *consequently*, no obstructions from albuminous secretions, but for the reason that this last morbid condition is not of sufficient extent, at this period of the malady, to embarrass respiration." Again (p. 55), "patients are frequently cut off by the violence of the spasm before the plastic exudation has become in any degree condensed into a continuous membrane."

In the preceding quotations it will be observed that albuminous exudation is first stated to be essential to constitute croup, and then it is assumed that in spasmodic croup (so called) a membrane indeed exists, although not of sufficient extent to embarrass respiration, even in fatal cases of this form of croup. Undoubtedly, if the latter proposition were proved, the existence of stridulous laryngitis (spasmodic croup) as a distinct disease, could not be for a moment sustained. But the assumption is wholly unfounded and gratuitous; the only dissections we are aware of having been made in spasmodic croup show the absence of false membranes in the respiratory passages. (See Rilliet and Barthez, *Mal. des Enfants*, tom. i. p. 396.) Dr. Green, it is true, quotes Guersent as having shown from the dissection of cases, when this "spasmodic form of croup" terminated fatally, that "albuminous concretions—sometimes extensive, but more frequently consisting of small isolated patches—are found in the larynx." There must be some mistake here, for we have been unable to find any such passage in the article from which it purports to be taken. On the contrary, (*Dict. de Méd.* 2ième ed. tom. ix. p. 357,) M. Guersent says expressly, "As I never saw a single person die of this disease, unless it was complicated, I am unable to describe the anatomical characters of spurious croup, which are unknown to me."

To strengthen his singular position still further, Dr. Green pursues: "Dr. Williams also affirms that 'although the albuminous effusion is generally thickest and most tough in sthenic cases of croup, yet it is pretty abundant in asthenic cases.'" The bearing of this statement upon the question it would be difficult to conjecture.

It follows, therefore, that Dr. Green is entirely unwarranted by any facts on record, in stating that there is a membranous exudation, either more or less, in the "spasmodic form of croup;" and consequently, his inference from this statement, that the diseases commonly included under the name of croup form a pathological unity, falls of itself to the ground.

Dr. Green next quotes the (we hope) well-known paper of Dr. John Ware on the "*History and Diagnosis of Croup*," but apparently for no other purpose than to make a forced application of a cautiously expressed doubt of that sound thinker and conscientious physician. In order to accomplish this object, both the letter and the spirit of Dr. Ware's paper are misrepresented, for its whole argument goes to prove what Dr. Green is loth to admit, namely, that membranous croup is comparatively a rare disease, and one essentially distinct from other affections which it is customary to comprehend under the title of croup. Dr. Green informs us that Dr. Ware makes *two* distinct varieties of croup, the membranous and inflammatory; but this is only one-half of the truth, for Dr. Ware makes

four distinct varieties of croup, the membranous, inflammatory, spasmodic, and catarrhal. Of these the one called by him inflammatory is so named because it presents the characters of simple inflammation, *par excellence*; in all the other varieties an inflammatory element is admitted, not alone, however, but associated with a plastic, a spasmodic, or a catarrhal element.

Dr. Green, as we have said, erroneously states Dr. Ware's varieties of croup to be membranous and inflammatory merely; he then mentions that 22 out of 131 of the cases were of membranous croup, and leaves it to be inferred that the remainder were "inflammatory." This is so far from being the case that only 18 out of the remaining 109 are classed as inflammatory by Dr. Ware, leaving 91, or seven-tenths of the whole number of cases of "croup" for the spasmodic and catarrhal varieties whose existence Dr. Green does not so much as notice.

One word more in regard to the "inflammatory" variety of Dr. Ware, and which he with so much justice separates from the spasmodic and catarrhal forms;—we believe it to be simple laryngitis, on the ground of the symptoms ascribed to it by Dr. W., and their coincidence with those laid down by Rilliet and Barthez, and other accurate pathologists, as belonging to simple inflammation of the larynx. The dissections which Dr. Ware cites from Dr. Jackson in every instance prove the disease to have been acute simple inflammation of the mucous membrane of the larynx. That he should have been deceived by the symptoms is not wonderful, for, as the authors just named well observe, the diagnosis between severe erythematous and pseudo-membranous laryngitis is sometimes so difficult, that the most accomplished practitioners have been, and often will again be led into error. (*Op. cit.*, t. i. p. 420.)

Four varieties of croup, and not two, having been admitted by Dr. Ware, he distributes these into two great classes according to their respective tendencies to cure or death. The one class comprises membranous croup alone, because out of 22 cases seen by him in twelve and a half years (not twenty-five years as Dr. Green states), only three recovered; the other class includes *all* other forms of "croup," because out of 109 cases of them seen by him in the same time, *not one died*. That such a result should be obtained from two *forms* of a disease essentially the same, and observed during so long a period, will hardly be believed by any one who has not in view some other object than the simple truth.

In establishing four varieties of croup Dr. Ware cautiously remarks that he does not mean to express the opinion that they constitute *four* distinct diseases, nor even "assert positively that they are not different manifestations of the same disease." Now this remark, which, as we shall in a moment show, referred principally to the three non-membranous varieties, Dr. Green does not scruple to quote as if applied by its author to two forms alone, the membranous and inflammatory. To prove that we have correctly apprehended Dr. Ware's intention, many passages in his essay might be quoted, but we select the last of his general conclusions, which is as follows: membranous croup "differs *not in stage or degree, but in kind*, from all the other cases which are known by the name of croup, and the latter *have no tendency to become converted into or terminate in the former*." It is clear, therefore, that Dr. Ware had no intention of attributing to membranous croup an identity of nature with any of the other forms described by him.

There is another proposition established by Dr. Ware, and which has a very important and interesting connection with the present subject, it is

this: "The membranous is the only form of croup attended with any considerable danger to life." This conclusion is important; for, if it can be ascertained that in a given case the symptoms are not those of membranous croup, the little patient will be saved a great deal of unnecessary if not injurious manipulation; and if the conviction of this truth can be generally disseminated, and deeply impressed on the minds of physicians, it will probably lead to a more attentive analysis of symptoms in croup-like cases, and confine the use of the laryngeal probang to an extremely small number amongst them.

It matters little whether in our theories of the nature of croup-like diseases, we regard them as degrees or forms of the same malady, or as distinct affections; but it matters much that in practice a class of cases in which false membrane is formed should be clearly distinguished from another class of cases in which false membrane is never developed. It matters much, nay it is of infinite moment, that the self-same treatment be not applied to a class of cases whose spontaneous tendency is to recovery, and to another class whose spontaneous tendency is with equal certainty to death.

Dr. Green concludes his remarks upon diagnosis by mentioning that he does not intend to comprise in the *one disease* described by him (already, as we think, unduly swollen by foreign matters) that hysterical affection of adult age which not unfrequently assumes the character of croup, nor the disease of infancy known as laryngissimus stridulus. The last term is so written both in the text and table of contents. He then divides croup into laryngeal, tracheal, and bronchial; and yet is at pains to show, although without any reference to the elaborate statistics of Bretonneau, Guersent, and Hussenot, that the essential false membrane commences primarily about the fauces and the upper portion of the respiratory passages and extends *universally*, from above downwards. No one, we believe, ever saw plastic exudation confined to the trachea, and as for that which occupies the bronchia originally, it is pseudo-membranous bronchitis, or suffocative catarrh—not croup. The author's division is simply impossible.

On p. 14, the following passage occurs: "With respect to the source of that peculiar exudation which is poured out upon the inflamed mucous surfaces in croup, I have before expressed the opinion that it is an effusion from the diseased follicles of the tonsils, larynx, and trachea." To sustain this opinion, which Dr. Green appears to imagine singular and original, he favours the reader with an anatomical account of the mucous follicles, informs him that according to late *microscopic* observations, it consists "of water with a viscid substance, which is termed *mucus*," and thinks it necessary to quote Haase in order to show that filaments of the membrane dip into the orifices of the "*municiperous*" [muciparous] glands. Just sixty years ago a physician of New York, the fidelity and candour of whose descriptions are above praise, Dr. Samuel Bard, wrote as follows: "The affection of the mucous glands must be considered as the proximate cause of this disease;" and again, . . . "Miasmata, which have a singular tendency to attack the throat and trachea, affecting the mucous glands of these parts in such a way as to occasion them to secrete their natural mucus in greater quantity . . . which, when secreted, is either really of a tougher or more viscid consistence than natural, or is disposed to become so from rest and stagnation." (*On Angina Suffocativa*. Trans. of A. P. S., vol. i. p. 394-397.)

On p. 16, Dr. Green refers to his former work on "Bronchitis,"

and presses anew the opinion there insisted upon, that "the pathological relations which exist between the throat and the respiratory tubes are not justly regarded by medical writers." In this, also, the author has no claim to having advanced a novel idea; as will appear further on, previous writers have recognized the frequent dependence of laryngeal upon pharyngeal conditions, even so far as to explain by its means the success of their treatment applied to the latter.

Cauterization in Croup.—At the commencement of Chapter II., the author states the occasion of his adopting this method. "Guided," he says, "by this view of the seat, progress, and pathology of croup, and an extensive experience in the topical treatment of other diseases of the air passages, I adopted the determination several years ago to make the attempt in croup, whenever opportunity should offer, to arrest the exudatory inflammation, and thus prevent the formation of a false membrane; or when formed, to promote its separation and consequent expulsion by the employment of topical applications to the mucous surfaces of the fauces, larynx, and trachea." In no part of this passage is the least hint offered of other persons having employed a similar mode of treatment; but it is made to appear as the result of the author's own reasoning and experience. Nevertheless, Dr. Green ought not to be surprised if physicians choose to attribute his experiments to the numerous examples which others had set, rather than to the reflections which he assigns as their source. In a subsequent chapter, indeed, (Ch. V.) he admits that the topical application of a solution of the nitrate of silver in membranous croup has been recommended by Bretonneau, Dupuytren, Guersent, MM. Trousseau, Guet, Bouchut, and other French practitioners, an array of precedents, one would suppose, sufficient to absolve him from the labour of inventing the method anew, and, above all, to prevent his putting forward any claim to originality in the invention, so far as the application of lunar caustic to the fauces and larynx is concerned. We shall show that he was anticipated even in the direct introduction of this agent into the cavity of the larynx.

But Dr. Green thinks that all of the practitioners above mentioned fell short of obtaining the greatest good, because they applied the caustic solution to the fauces and superior opening of the larynx, instead of carrying it directly into the latter. Moreover, he strangely objects to the solution used by Bretonneau, as too weak, although in the proportion used by himself, $\frac{3j}{\text{to } 3j}$; and to the solution employed by M. Bouchut, ($\frac{3iiss}{\text{to } 3j}$) as too strong, although he elsewhere avers (p. 50, and p. 82) that children with croup are less irritated by the argentine solution, than are adults with chronic disease of the larynx. The proportions recommended by Dr. Green are two scruples or a drachm of the crystallized nitrate silver to an ounce of water, but he offers no proof of the dangers which the stronger solution may give rise to.

The earliest record of the employment of lunar caustic in croup, is probably that contained in the *Ed. Med. and Surg. Journ.*, April, 1825. In a paper "On the Symptoms and Cure of Croup," Mr. Mackenzie, of Glasgow, reports a means of treating the disease which, he says, "has been repeatedly successful in my own hands, as well as in the hands of those from whom I first received my information of its utility." Who these persons were he does not state. Mr. Mackenzie employed a solution of a scruple to the ounce, which he conveyed by means of a large camel's hair pencil to all parts of the fauces and pharynx within reach. "This remedy," he remarks, "uniformly alleviates the symptoms of croup,

such as the difficult respiration, the barking cough, and the peculiar anxiety of the patient. It has evidently such an effect upon the diseased surfaces, both those which it actually touches, and *those which are continuous*, as to induce them to throw off the false membrane by which they are covered, and it appears also to prevent the further progress of the exudation."

In the years 1826-27, Dr. Lewis Belden, of New York, treated ten cases of cynanche maligna successfully, employing the solid nitrate of silver, and a *saturated* solution of this salt, topically. In two of the cases the membranes appear to have extended into the larynx. (*Med. Recorder*, vol. xiii. p. 125.)

The editor of the *Med.-Chirurg. Review*, July 1828, p. 459, states that a French physician, M. G  ronard, lately transmitted a memoir to the Society of Medicine in which he relates many cases of the success of nitrate of silver in the treatment of plastic inflammation of the larynx and trachea. "He recommends the caustic to be applied not only to the fauces, nares, and parts adjacent, *but to be introduced into the larynx*, where the inflammation has affected that part. M. G  ronard frequently employs the nitrate in substance carefully fixed in a silver tube, straight or crooked. He observes, that to cause the false membranes to be detached from the larynx or trachea, it is not always necessary that the caustic should enter these conduits. 'It is sufficient in many cases to touch the superior aperture. I have seen patients eject membranous tubes, of some inches in length, the day after the rima glottidis was touched with caustic.' " The editor subjoins a comment which, although unconnected with the present subject, has a direct bearing upon Dr. Green's claims in another department of laryngeal cauterization, and we, therefore, quote it. "We wish to draw the attention of the profession to the employment of this topical application in *laryngeal affections simulating phthisis*. We have seen some cases recently where chronic coughs accompanied by muco-purulent expectoration, that had harassed patients for years, and baffled all their physicians, give way in a very rapid manner, to a few applications of lunar caustic on the sponge of a common probang. *These hints may prove useful to many of our brethren*. The state of the fauces should be carefully examined in all cases of chronic cough; and the epiglottis may be often seen by pressing down the tongue. That part, and even the rima glottidis may always be examined with the finger." In these two quotations, dating twenty years back, we have a summary, by anticipation, of all that is useful in recent treatises upon the value of lunar caustic in acute and chronic inflammations of the larynx. But we return to the precedents for its use in croup.

In 1837, M. Hatin (*Bull. de Th  rap.*, t. xiii. p. 263) recorded his success in treating four cases of membranous croup by the method of M. Peronneau, cauterization of the pharynx with the solid nitrate. "I had imagined," he remarks, "that to succeed, the caustic must enter the larynx . . . yet without this, croup is cured." After conceding that this method is chiefly applicable to the commencement of the disease, he remarks that by passing the caustic through the larynx, there would be a hope of destroying false membranes even in the trachea itself, and that the operation ought certainly to be tried.

Bretonneau, in 1839, published in the *Gazette M  dicale*, a case of secondary croup occurring in an adult, and which he successfully treated by means of a solution of nitrate of silver containing two drachms and a half of the salt to an ounce of water. We presume that Dr. Green's objection to the feebleness of Bretonneau's solution will not apply to that used by him in the present case, and which was introduced *into the larynx* by

pressing the sponge containing it upon the opening of this organ, and behind the epiglottis. Our author is quite ruffled at finding in a description of this operation by Berton, that the epiglottis is directed to be raised, (*soulevée*), and adds in a note, (p. 77,) "If the French anatomists will acquaint themselves with the position of the *living* epiglottis *when in situ*, they will find that this cartilage is always *raised*, except at the moment of deglutition." It would be somewhat difficult for these persons who are so sharply twitted by Dr. Green, to examine the *living* epiglottis except in situ; after all, they perhaps do not need the lesson, since strange as it may appear, Dr. Green's description of the epiglottis is almost a literal translation of Cruveilhier's "*sa direction est verticale, excepté au moment de la déglutition.*" These unskilled anatomists, too, might ask Dr. Green whether the contact of a probang with the fauces does not excite an act of deglutition, and require the epiglottis to be raised, or drawn forward, in order that the instrument may reach or enter the opening of the larynx?

Dr. Gibbes of Columbia, S. C., has reported a case of secondary croup in a child, (*Am. Journ. of Med. Sci.*, April, 1842,) in which the first improvement and ultimate cure were clearly due to the employment of a *saturated* solution of nitrate of silver applied freely and repeatedly to the whole extent of the fauces and pharynx.

These citations, which might be multiplied by a reference to the writings of French physicians named by Dr. Green, have been selected because they all belong to a date anterior to that when, as the author states, he first took up the subject, and several of them to a date earlier even than the publication of Bretonneau's treatise. They prove beyond all question, 1st. That lunar caustic was long ago introduced into the larynx, for the cure of croup, in the solid as well as in the liquid form; 2d. That this remedy effected cures even when it was applied to the fauces and pharynx alone; 3d. That the physicians who employed it expressly recognized the power of the caustic to cause a separation and rejection of the laryngeal membrane, although applied to the adjacent parts alone; and, in a word, that the cure of croup by nitrate of silver applied topically was shown to be possible by competent and independent observers before the first trial made with this agent by Dr. Green. What advance, then, has the physician just named made beyond established results? Can he claim to have invented cauterization in croup? Certainly not. Can he claim to have first introduced caustic into the larynx for this disease? We presume not. Has he invented any new instrument for performing the operation? None. The bend of the whalebone, the size of the sponge, the manipulation of the instrument, were all described by M. Trousseau ten or twelve years ago. What then are his claims? Simply to have first introduced a *sponge*, as well as the caustic solution, into the larynx. How far this is an improvement worthy of being adopted, or how far it is an innovation deserving of blame, is the question, the whole and the only question of general medical interest presented by Dr. Green's publication. We shall examine it briefly.

Let us first inquire what facts are adduced by the author in support of his method. His book contains an account of fourteen cases of "croup" in children, ten of which were seen by himself; the remainder are reported, one by Dr. Bryan, two by Dr. Blakeman, and one by Dr. C. E. Ware. Of these, cases 1, 2, 3, 4, 7, 9, 10, 13 and 14, may be admitted as examples of true croup, on the strength of the statement that in all of them there was a plastic exudation upon the fauces, or that there was false membrane rejected by coughing or vomiting, or else found adhering to the

probang. Yet, with the exception of Dr. Ware's case, there is not one of this series described with sufficient minuteness; in all of them a sort of summary is given which leaves untold what it would be of greatest interest to learn, the influence of the treatment upon the individual symptoms, and the progressive amendment of these latter up to the period of complete recovery. It is not enough to know that a patient ejected what appeared to be false membrane, after cauterization, and then "rapidly recovered," for there is such a thing possible as to mistake mucus coagulated by lunar caustic for false membrane; and there is a wide difference between the rapid recoveries which took place in all but one of Dr. Green's successful cases and that slow restoration which was observed by Dr. C. E. Ware under identical treatment, and has been noticed by other physicians in croup cured by all other methods. These facts tend to inspire doubt. In the first two cases the caustic was not used until a very advanced stage of the disease, and the patients died. In the 3d, the patient "appeared quite cheerful, and apparently almost free from disease," about thirty-six hours after the croupal symptoms set in. In case IV., after about an equal lapse of time, "no further medication was needed." In case VII. the patient had bronchial inflammation (pseudo-membranous?) as well as croup, had been sick "for nearly a week, and was then dangerously ill," yet in from twelve to eighteen hours after the first cauterization she "recovered rapidly." Case IX. is much less imperfect in its details; the patient's throat and larynx were cauterized from the onset of the croupal symptoms; but not until nine hours afterwards, during which time the caustic had been applied four times, was there any decided relief, and it was immediately followed by plastic bronchitis. About eighteen hours afterwards hydrocyanic acid was administered, under which the symptoms abated, cauterization was renewed, false membrane was ejected, and by the end of twelve hours more the "croupal symptoms had nearly disappeared." The patient, however, was only "gradually restored to health and strength." In Dr. Bryan's case the patient was struggling in a paroxysm of croup, at seven o'clock of one evening, and by six o'clock of the next evening but one was "sitting up on its mother's lap amusing itself with toys." Dr. Ware did not see the subject of his case until the proper croupal symptoms, which had been coming on for a week previously, had been developed for twenty-four hours, nor did he use the caustic until twelve hours later. The improvement was marked at first, and the breathing continued very laborious; but a slight amendment took place from day to day, and not until a week from the first cauterization could the patient speak a loud word.

In all such of the above successful cases as were uncomplicated with bronchitis, except the last, the rapidity of the cure is surprising: the slowness of the recovery in Dr. Ware's case, which was not complicated, is in striking contrast with it, and resembles the course of the disease in those treated by Dr. Clark, and reported elsewhere in the present number of this *Journal*, (pp. 26, 27.) This may perhaps be owing to the circumstance of Dr. Green's greater familiarity with the use of the probang, and the more complete evacuation which he effected by its means. If so, it is probable that dexterity in employing this instrument may be a very important element of its success, and if such be the case, few practitioners will be competent to its use, because of the rare occurrence of cases requiring it. It cannot be denied that in all of the cases enumerated in the above summary a very decided improvement took place after each operation, and even in those which ultimately proved fatal. How much of this was due to the

caustic solution, and how much to the mechanical action of the sponge? According to the writers already quoted, or alluded to, as having used lunar caustic in croup, it procured immediate and marked relief to the symptoms whenever applied to the fauces or instilled into the larynx. Is it then necessary to do more? Lest the statements of the authors in question should be doubted, we call upon Dr. Green himself to answer the question, which he does in the following words: "Not unfrequently, if topical measures are employed at the very onset of the disease, and before the exudative inflammation has extended much into the larynx, the affection may be arrested by one or two applications of the caustic solution to the fauces, and the opening of the glottis, without ever passing the instrument upon the mucous surfaces of the larynx." (p. 84.) A case is given in illustration. Here then we have the admission by Dr. Green that probing the larynx is not unfrequently needless in the first stage. We have also the assurance by others of success without it at various stages. We might fairly conclude that the operation ought, therefore, if adopted at all, to be resorted to in exceptional cases only. But it will doubtless be objected that the cauterization *must* be more effectual according to Dr. Green's method; because more direct, and that it ought, on that account, to be preferred. This conclusion is perhaps not thoroughly demonstrated, and Dr. Green, himself, affords the means of showing that it is not. On p. 49-50 he informs us that patients treated by him for chronic laryngeal disease "have felt the fluid distinctly extending down the bronchial tubes." On p. 51, he recommends that in croup when the plastic exudation has extended to the bronchi, "a still more free use of the solution should be employed; in order that some part of that fluid may find its way over the diseased mucous surface of the lesser branches of the air tubes." Hence, if in any manner the fluid can be introduced into the larynx, there is nothing to prevent its distribution, particularly as we are told (p. 101) "it has been shown repeatedly" that within the membrane a space is left for a current of air sufficient to support life; and (p. 114) that "three-eighths of the aerial canal are always open." If these things are so, a fluid expressed into the larynx at its superior opening *must* have quite as extensive a distribution, as if it were squeezed from a sponge within the larynx, besides which, a much greater quantity of fluid can be introduced by the former than by the latter means. Dr. Green's own statements, therefore, in regard to the dispersion of the caustic fluid and the physical condition of the air-passages, corroborate entirely the conclusion drawn from experience, that, *so far as effectual cauterization is concerned*, the probang need not enter the larynx at all.

It follows, from the foregoing argument, that if Dr. Green's method have any superiority over those before employed, it is owing altogether to the mechanical action of the probang in detaching and removing the exudation. No sufficient number of cases has yet been collected, to place its value above or below that of other methods; but, we are quite willing to concede in advance its possession of a real merit, and that upon the ground, not only of the fifteen or twenty cases in which the probang has been used along with a caustic solution, but of one also in which this instrument was used alone, and with a mechanical purpose; for, although the assertion may seem bold, Dr. Green was not the first to introduce this instrument into the larynx, for the relief of croup. In the *Dict. de Médecine*, (2ème éd., Art. Croup, p. 376.) Guersent relates that, when the son of Napoleon's Mameluke was ill with croup, Dupuytren "at-

tempted to detach the false membranes of the larynx, and extract them, by swabbing out the interior of this conduit by means of a sponge affixed to a whalebone handle. With difficulty he succeeded in withdrawing some fragments of membrane, and the operation was followed by a temporary calm. 'The child, however, died, and it was then found that the exudation extended into the bronchia.' Of this operation Guersent remarks, that "there is but little chance of its success, unless the false membranes are confined to the larynx, which is the least frequent case. In most cases, they extend into the trachea, and since it is impossible to determine how far they extend, there is always a risk, that by introducing a sponge into the larynx, the membranes may be thrust back into the bronchia, and sudden death by asphyxia produced."

The concluding portion of Guersent's criticism seems incontrovertible; for it is founded upon the evidence of Pathological Anatomy. If the mischief he points out has not yet occurred in practice, its occurrence in some future cases appears to be so certain, that, in the present state of the question, nothing but ignorance of the risk can excuse, or the danger of the patient's immediate death from the disease can warrant, its being incurred *at any time after the full development of false membranes in the larynx is indicated by the symptoms.* We may be told that no evil consequences have as yet followed the introduction of the probang into the larynx, but that, on the contrary, relief has ensued from the operation even when there was every reason to believe that the exudation extended far below the larynx. Granting this to be so, and granting also what may be the reason of this result, that the cough excited by the operation may overcome the packing of the membranes, we confess that we are timid enough, where human life is concerned, to shrink from an act that may be frequently repeated with impunity, but yet is in its nature dangerous, and nearly always unnecessary. The real practical merit of the operation must, we conceive, be displayed, if at all, when the exudation is confined to the larynx alone. Here, its capacity for mischief is trifling, and it may *possibly* hasten the cure by tearing away the fibrinous obstruction. Yet, every consideration proves that the operation is in this case unnecessary, because the end in view is obtained, by instilling a caustic solution through the glottis, and the analogy of diphtheritic angina indicates, that the forcible removal of a plastic exudation, does not prevent its renewal. The essential part of the curative action is performed by the caustic, and it matters little how that is introduced, so that the patient be not exposed to an additional risk. We conclude, then, that the merit of Dr. Green's operation is not sufficient to counterbalance its dangers in many cases, and its needlessness in the rest. The latter quality will be placed in much stronger relief, by a study of the general remedies for croup.

In the above analysis of cases, the 5th, 6th, and 8th of Dr. Green, and the two of Dr. Blakeman, are omitted. Of the 5th, no details whatever are given; in the 6th, a fatal case, the symptoms were less those of croup than of pseudo-membranous bronchitis; the remaining three, were clearly cases of stridulous laryngitis, in which, however, cauterization was performed—and of course, successfully.

We have only room to allude to a short chapter on the croup in adults. It contains a remarkable case. The patient, a pregnant female, was attacked with diphtheritic angina and secondary croup, after the measles. When at the worst, Dr. Green was called in. He employed repeated

cauterizations for three successive days, beginning with a solution of 45 grains to the ounce of water, and increasing the proportion of the salt to 60 and then to 80 grains. On the last day he "*passed the sponge along the whole length of the trachea.*" The patient recovered perfectly.

General Remedies.—The prominence given, by Dr. Green, to the topical treatment of croup, and the greatly exaggerated value, as we believe it to be, which he attaches to this treatment, will naturally mislead many readers, and induce them to neglect other methods which experience has tested, and sound reason approved. In this they would, however, be going beyond the example of Dr. Green himself, for he declares that he would not have the topical medication "preclude the employment of appropriate general remedies in the treatment of membranous croup." We entreat our readers to be, at the very least, as well disposed as the author to employ general remedies; for an examination of the subject cannot fail to convince them, that to neglect the systematic employment of emetics and mercurials in true croup, is to risk if not to sacrifice, the patient's life. Dr. Green advocates the use of both of these remedies, but, as we conceive, he reverses their value as compared with that of the topical treatment, for he appears to think them subordinate instead of capital, and, we had almost said, essential. He devotes most of his remarks on emetics to denouncing antimonials, except in the first stage of croup; a needless labour, surely, for we are greatly mistaken if the best practitioners are not agreed to employ those emetics which vomit most actively and depress the least, as ipecacuanha, alum, the sulphate of copper, and the sulphate of zinc. The last, Dr. Green prefers associated with ipecac., and does not allude to either of the remaining mineral emetics, although so extensively and successfully used. Sulphate of copper is commonly employed in Germany against croup. M. Bértinguier published (*Annales de Thérap.*, vol. iv. p. 156) six cases of cure in which false membranes were ejected, and alludes to twelve more of like result. He prescribed from two to four grains of sulphate of copper at a dose. Schwase, Serlo-de-Crossen, and Godefroi, report a similar success with the same medicine. (*Art. Cit.*) Dr. Francis of New York, records three cases of cure from the sulphates of copper and zinc. (*Hosack's Essays.*) Forget relates a strongly marked case (*Bull. de Thérap.*, xxviii. 161) of cure by ipecacuanha. This writer, it may be stated, was very incredulous of the curability of membranous croup. "There are not a few physicians," he says, "who naively imagine that every affection of the larynx is more or less croupal, without counting those practitioners who speculate upon the credulity and the apprehensions of the vulgar." Their croups, he thinks, are for the most part, cases of simple, or of stridulous, laryngitis. Nonat (*Op. cit.*, xxvi. 15) relates three cases of unquestionable croup cured by mercurials and antimonial emetics; in one, cauterization was also used. Dr. J. F. Meigs (see this *Journal*, April 1847; and "*Diseases of Children*") has given a most satisfactory account of the cases which he successfully treated, by emetics of alum and mercurials combined. Even while we are writing, five more cases present themselves. They occurred, too, in the Children's Hospital of Paris, and were treated by pharyngeal cauterization, mercurials, and emetics. (MM. Cœurderoi et Sée, *Rev. Méd.*, Fév. 1848.) In one word, if all the cases of true membranous croup, which have resulted in cure, were collected and analyzed, it would be found that emetics formed the essential ingredient of their treatment, although several other agents may subordinately have favoured the action of these remedies.

Of the important adjuvants to emetic medicines in this disease, mercury is certainly the chief. Dr. Green gives too much prominence to Dr. Rush's share in its introduction into the treatment of croup. This honour belongs first, to Dr. Douglass of Boston, and then to Dr. Bard of New York, who considered "mercury the basis of the cure." The author testifies briefly, but pointedly, to its value, in common with Ryland, (whom he chiefly quotes, here as elsewhere,) and all physicians of experience and skill, who have placed their opinions upon record. Dr. Green agrees equally with them, in regarding depletion as of little value in the treatment of croup, except in the first stage of the disease, and when vascular excitement is excessive. After Ryland, he condemns tracheotomy altogether, because it is not warranted before other measures are employed, nor likely to succeed, when they have failed. This condemnation is not warranted by the results of tracheotomy; the operation has resulted in the cure of one-third of the patients on whom it was performed, some of whom were certainly past all hope from any of the usual remedies. An example of such success is presented by Dr. Meigs' case, reported to the College of Physicians of Philadelphia, and contained in the number of this Journal for October last. How far the introduction of the probang may render tracheotomy superfluous in desperate cases, does not yet appear; Dr. Green's work contains no evidence to warrant a belief in its becoming a substitute for the knife, in such unpromising conditions as those in which the knife has hitherto succeeded.

We have been led, by the importance and interest of the subject, to a more extended comment than was at first proposed. The necessity of canvassing the claims of Dr. Green and of estimating the merits of his process, was inconsistent with a briefer notice. If the method is good, it should be fully known; if bad, it should be condemned, but upon ample examination alone. A method, in favour of which the professed inventor furnishes nearly all the evidence, needs to be closely scanned, and its value must be in part deduced from the manner in which the evidence is given. For we have not yet learned to believe, that candid and rational men support a good cause by sophistry and mis-statement, or, that any measure advocated by such means, can be all that its partisans maintain it. Our estimate of Dr. Green's work will have been gathered in the course of this notice. It displays an imperfect acquaintance with the pathology of croup, and the history of cauterization, in this disease, which is unpardonable in one who must be presumed to write for the instruction of others. Its representations of several authors whom it professes to quote, are palpably unwarranted by the text, and therefore unworthy of any educated and candid physician. By keeping out of sight the results and the methods before employed, it leads the reader to attribute to its author a degree of originality and invention to which he has not the shadow of a claim. The reports of the cases it contains are so meagre and bald, as to inspire doubts respecting them, which the lack of candour before alluded to is not adapted to dispel. Even when accredited for what they profess to be, they fail to establish the superiority of the treatment they are intended to illustrate. Finally, the portion of the work which treats of general remedies, is a totally inadequate, and an unfair representation of their value in the cure of croup; and, taken together with the preceding portions, gives the whole an appearance of having been written for the purpose of exalting the author's speciality above all that reason and experience have established in regard to the nature and treatment of croup.

A. S.

ART. XIX. — *Boâ Vista Fever.* — Report of GILBERT KING, M. D., *Inspector of Hospitals, ordered to be printed by the House of Commons*, March 10th, 1848. London, 1848: folio, pp. 16. *Remarks of J. O. McWILLIAM, M. D., on the Report of Dr. KING.* London, 1848: folio, pp. 15.]

IN the number of this Journal for October 1847, will be found an analysis of the original report of Dr. McWilliam, in reference to the introduction and spread of fever, in the Island of Boâ Vista, towards the close of the summer of 1845. By that report, if the facts adduced by the author are accurately stated, it is shown, very conclusively, that the fever in question was introduced by the sick landed from on board the steam vessel *Eclair*, and was subsequently communicated by contagion to persons residing upon the island.

Under instructions from the Director-General of the medical department of the British Navy, Dr. King visited Boâ Vista in December 1845, for the purpose of investigating more fully the circumstances connected with the origin, progress, and character of the fever which forms the subject of Dr. McWilliam's report. The result of this investigation is presented in the document now before us. Dr. King's conclusions in regard to the origin and spread of the Boâ Vista fever are, however, in direct opposition to those of Dr. McWilliam. He denies that the disease was introduced by the sick landed from on board the *Eclair*, or that it was communicated subsequently by contagion; but maintains that it was strictly an endemic disease, originating from morbid causes existing upon the island.

It is admitted that there was no disease prevailing at Boâ Vista or the other Cape de Verd islands previously to the arrival of the *Eclair* with a sick crew in August 1845. It was important, therefore, to ascertain whether the fever which subsequently made its appearance was identical or not with that with which the men from on board the vessel were affected. Dr. King, therefore, immediately on his arrival at Boâ Vista, on the 23d of December, proceeded to investigate the character of the prevailing disease. He did not, however, see more than fourteen or fifteen cases in all, which were the whole that occurred during his sojourn there of six weeks. He admits, consequently, that the opportunities which were afforded him of judging of the nature of the fever from personal observation were very limited, and further, that none of the patients he saw had the pathognomonic symptoms of yellow skin, or black vomit. Nevertheless, from the general symptoms of these cases; from the admission of Senor Laoa, a very intelligent surgeon of the Portuguese navy, that the patients that Dr. K. visited in company with him were the subjects of yellow fever, and from the testimony of all he conversed with or examined respecting the symptoms by which the disease was characterized throughout its course, Dr. K. is decidedly of opinion that the fever which prevailed upon the island was identical with that which existed on board the *Eclair*. Dr. Almeida, a Portuguese physician of Porto Sal Rey, Dr. King informs us, considered the fever prevailing at Boâ Vista to have been an aggravated type of the bilious remittent.

In regard to the question of the importation of fever by the steam vessel *Eclair*, Dr. King makes the following statements.

The whole of the persons, chiefly coloured, who were employed on board

the vessel or at the island in cleaning the hold or in coaling or watering the ship, were subsequently affected with a fever similar to that which prevailed among the crew, but generally, of a milder character, though evidently identical in nature. It does not, however, appear at all probable to Dr. K., that, except in one instance, the fever was contracted by these labourers even from the malaria which certainly existed on board of the vessel. Still more improbable does he consider the supposed origin of the disease from a specific contagion emanating from the bodies of the sick, inasmuch as he is fully persuaded that the labourers were not exposed to such contagion, even had it existed; and again, because it is not reasonable to suppose that these labourers, had they been exposed to a specific contagion at its source, where it might be considered to exist in its highest degree of concentration, would have been infected with only a mild form of the disease, and this at a considerable period after exposure, and that their families should have escaped the infection for even a much longer period. That, in some of the fatal cases, the yellow skin, black vomit and other malignant symptoms did actually appear, Dr. K. has no reason to doubt. But that five-sixths of this number should have recovered from that all but hopeless stage of the disease is to him quite incredible; he is inclined to suspect that such statements were made partly from interested motives, as it was fully expected that the British government was about to make a pecuniary compensation for the sufferings of those who had been attacked by a strange and pestilential disease, introduced by an English frigate.

Did the disease, it is asked, become manifest in any of the labourers, excepting one, within a sufficiently brief space of time to lead necessarily to the conclusion that it was derived from the sick of the *Eclair*? It is not generally supposed that the period of incubation in malignant fevers exceeds ten or twelve days, and the Academy of Science at Paris has even limited the incubation of the plague itself to one week. Now the few, comparatively speaking, of the labourers who were first attacked with the fever did not sicken until between the middle and the end of October, one month at least after the *Eclair* left *Boá Vista*, on the 13th of September. A greater number were taken ill in November, when the fever was common everywhere; but the majority of the sixty-three persons who were employed about or on board the ship, or at the island, did not become affected with the disease until December 1845, and January, February or as late as August and September of the following year. And when we consider the fatal cases, it becomes, according to Dr. K., still more apparent that the disease was not propagated by contagion, because six weeks had elapsed before the first man who died was attacked with the disease; the next four contracted the fever in November, or two months after exposure to the supposed specific contagion; five of the ten labourers who died had no symptoms of illness until December, or three months after the departure of the *Eclair*; and although it may be conceded that the disease in these men manifested every feature of the true yellow fever, yet no other case in their families terminated fatally.

According to the statements made by the man first attacked, and whom Dr. K. admits may possibly have contracted his disease from the malaria on board the ship,

"He was employed two days on board the *Eclair*: the ship sailed from *Boá Vista* on the 13th September, and he was attacked with fever on the evening of the following day, at a dance in *Moradinha*, in the district of *Rabil*. The disease was very mild, and lasted only a few days; about a month afterwards, however,

his three children caught the fever, and they all died; and in the succeeding month (November), his wife was laid up with the same disease, and died also. They had not in their illness, nor indeed had the great majority of the inhabitants, the benefit of either medicine or medical advice. It is not unlikely," Dr. King remarks, "that the above facts may be considered by some as illustrative of the operation of a specific contagion, but, for my own part, I have yet to learn when and where the man himself was ever within the sphere of its influence; and as the same fever commenced in some of the most remote villages at the end of October, shortly after this man's children died in Rabil, and as his wife was not attacked until about the middle of November, when the disease was general throughout the island, I can perceive no just ground for referring the origin of the fever from which this individual and his family suffered, and which subsequently prevailed on shore, to the Eclair, or for admitting its contagious property. But if this man, who was employed only two days, carried the fever to Rabil on the 14th September, it is rather inexplicable that more than fifty men, nearly all of them married, who were more exposed to the presumed specific contagion, from a longer service in the ship, in the boats, and on the island, and who returned to their own houses in the same villages every evening, had no symptoms of disease themselves, or their families, until October, when the rainy or sickly season had commenced."

Dr. King states, in reference to the sickness of the man above alluded to, and his family, that if there is one spot more than another in the whole island, where, from its physical peculiarities, endemic fever might be expected to begin first, and end last, that locality is Moradinha and the villages in its vicinity, in one of which he resided.

Of the three soldiers, who constituted the guard at the fort when the Eclair's people left the island, two, a corporal and a private, were attacked with a fever resembling that which prevailed on board the ship, and died, the one on the 21st and the other on the 22d of September, after an illness of five or six days. Both of these men were pre-eminently exposed to the attack of endemic fever, being Europeans, who had but lately arrived in the colony. Neither were ever on board the frigate, and Dr. K. has no reason for believing that either of them had been permitted to enter the sick apartments at the fort. The surviving soldier, and another who joined him at the fort, communicated the disease to a female and the inhabitants of Porto Sal Rey.

The soldier informed Dr. K. that he was attacked with slight fever some days after his comrades died at the fort: on that account he, and another who had been sent to assist him in attending the sick, were removed to Porto Sal Rey, and restricted to the occupation of a small hut at the northern end of the town. They remained here seventeen days without having communicated with any one. The one who was sick soon recovered, while the other continued in good health; and their services being now required in the barracks, where the fever had already commenced, all restraint was removed, and they returned to their military duties. After a residence of eight days in barracks, the companion of the first soldier was seized with fever, about the end of October; in his case, also, the disease terminated favourably. If, remarks Dr. K., the soldiers were visited by the female, who was the first victim to the fever in the Island of Boâ Vista, and by others, what, it may be asked, was the object of their seclusion, and how is the reckless conduct of their visitors to be reconciled with that dread of the fever which, it is said, pervaded all classes? To wash and cook for these men is mentioned as the object of the visits of the woman; but, Dr. K. fears and believes, there was little, if any, occasion for such services. The woman sickened on the 12th, and died on the 16th of October.

"The perplexing question then again occurs," continues Dr. K., "how did it happen that the disease, if contagious, was not introduced into the town at an earlier period by the labourers, who were quite as much exposed as the soldiers to its presumed fatal influence, and were daily employed, from the 1st to the 13th of September, associating freely with their acquaintances, and sleeping every night in their own houses in the town?"

"As might be expected, there are a great many poor and miserable hovels in Porto Sal Rey, and there are dirt and filthiness everywhere; but in that part of the town called Biera, or Pao de Varella, where the woman who died on the 16th October, and the soldiers, resided, the houses are of the lowest description, and the people who occupy them are generally very poor and destitute. But, independent of these remote causes of disease, which operate injuriously in every climate, there were others which claimed the pre-eminence. Swamps are numerous in the vicinity of Porto Sal Rey. But there is one large pool of stagnant salt and fresh water, immediately behind, but to windward of this part of the town; and still nearer to the houses, there is a locality which is resorted to by many of the people when obeying the calls of nature; and the exhalations from the one, and the effluvia from the other, are blown by the usual winds in the direction of Biera. Should it be objected, that the operation of the same causes in former years did not produce the same deplorable results, I need only reply, that the season of 1845 at Boá Vista was most unusual, and in many respects very remarkable. The late lamented Mr. M'Cauly, in his letter to the Earl of Aberdeen, dated 24th September, 1845, writes as follows: 'But so long an interval had elapsed between the departure of the *Eclair*, and the appearance of this case of fever in the town (that of the woman who died on the 16th October), that we were all disposed, in the first instance, to attribute it, as well as the general sickness of the place, rather to stagnant water, which had settled in great quantity at the back of the town, joined with the great heat of the weather, and the dirty state of the streets.' And, Mr. Consul Rendall, in his official letter to the same nobleman, dated 22d December, 1845, says: 'Up to the 9th of October, extraordinary heat, and the fall of a large quantity of rain had been experienced; events which were surprising to the oldest inhabitants.' The information I received in the island in 1846, fully corroborated what is stated in the above extracts; which, with other concurrent circumstances, led me to the conclusion, that at the end of September or beginning of October, the atmosphere had become vitiated and malarious."

Fever, Dr. K. remarks, was not communicated to any individual in the house where the sick officers and their servants resided, or to any person in their immediate vicinity. The owner of the premises, the judge, and his two servants (Europeans), re-occupied the same house soon after the ship left. One of the servants, however, was attacked with fever, and died at the end of December, being an interval of three months after the ship's departure.

The soiled clothes which had accumulated in the officers' cabins, from the time of their departure from Sierra Leone, were taken on shore at Porto Sal Rey the same evening the ship arrived, and distributed, next morning (22d August), to the washerwomen of the town. "Now," observes Dr. K., "if the disease possesses the power of reproduction, its poison must have been as certainly communicated through the medium of fomites as by direct contact with the sick on board or at the fort; yet none of the washerwomen nor any in their families were attacked with fever until November; showing an interval of seventy days after exposure to the infection. Four of the washerwomen died from fever; the three first in December, and the last in January, 1846; but all the other members of their family recovered."

The same fever broke out at the end of October, in Joao Gallego, Fundas Figueras, and Cabeça Taraffe, on the eastern side of the island, and distant at least sixteen miles from Porto Sal Rey. They are separated

about one and a half miles from each other, but the common road to Cabeça passes through the two former.

"The first case of fever appeared in Cabeça Taraffe on the 27th October; the next, in the intermediate village of Fundas Figueiras, on the 31st of October; and the disease commenced in Joao Gallego, which is nearest to Porto Sal Rey, on the 1st of November. Dr. K. received the above information from the Judge at Fundas Figueiras. John Jamieson, the consul's store-keeper, who had the management and superintendence of all the labourers, stated to Dr. K., repeatedly, that none of the people belonging to the eastern villages were employed in any manner about the *Eclair*; and as it is well known they entertained the greatest dread of the fever, it is not reasonable to suppose that they had any communication with that vessel, either direct or indirect."

At Estacio, or Old Town, situated about ten miles to the southward of Porto Sal Rey, where there must have been communication with the ship, as some of the labourers who had been employed on board, and at the fort, resided there, the fever did not appear until after the middle of November, two months, at least, after the *Eclair*'s departure. The first death occurred on the 24th of November; four persons died in December, and in the rest of the twenty-two cases which terminated fatally, death occurred in January and February, 1846. The above facts were communicated to Dr. K. by the Judge at Old Town.

According to Dr. K., there are no grounds for believing that the disease was carried to any of the neighbouring islands by those who departed after the fever broke out in 1845.

"The situation," remarks Dr. K., "of Porto Sal Rey, and the whole district of Rabil; in the immediate vicinity of swamps and pools of stagnant water, and the patches of rich alluvial soil near the other villages, expose the inhabitants to those noxious exhalations, during the autumnal months, which are generally admitted to be the common remote causes of fever. The lower classes are extremely poor, and often badly fed; they breathe a polluted atmosphere in their crowded and ill-ventilated abodes; and there is a general disregard of cleanliness in the streets and about their houses. Now, such a combination of morbid causes would produce malignant fever in any part of the world; but in Boâ Vista, in the year 1845 and 1846, there was this addition or aggravation,—the common atmosphere was unusual and epidemical.

"The testimony of the most intelligent men of the island, including Dr. Almeida, Señor Baptista, (the consul's agent,) the mayor of Rabil, the Judge of Fundas Figueiras, the Judge at Old Town, removes every doubt as to the fact that fever prevails to a certain extent, and carries off several of the inhabitants in the months of November and December every year; and this endemic fever, which recurs annually, and which Dr. Almeida calls the bilious remittent, does not always present the same mild aspect and character; on the contrary, it is well known that, in certain years, the disease was epidemical, and in comparison with other seasons, very fatal.

"It has been generally observed that the prevalence of malignant fevers, not only in Boâ Vista but elsewhere in tropical regions, is preceded and accompanied by an unusual and peculiar state of the atmosphere. Such was undoubtedly the case at Boâ Vista. Whether this peculiar constitution of the air depended on the causes just mentioned, or on some deleterious emanations from the earth or its surface, its general operation was evidently inimical to animal life in all its gradations. That the common air which was inhaled by every living thing on the island, was in an epidemic condition in the months of October, November and December, in both years, is sufficiently demonstrated by the simultaneous occurrence of universal sickness and great mortality among the cattle (including cows, horses, mules, donkeys, and goats,) at the very same time that fever was raging among the inhabitants. And further, there was this remarkable coincidence, that after an interval of some months, and the disappearance of disease both in man and beast

the same fever broke out again in the towns and villages about the rainy season in the following year, and was again accompanied by the same murrain among the cattle, which in the two seasons proved fatal to two-thirds of the whole stock of the island."

In regard to the fever which occurred on board the *Eclair*, Dr. K. thinks there can be no doubt that in some of the crew the disease was produced by malaria, to which they were exposed upon the shores of the Sherbro river; it is improbable, however, he admits, that two of the men attached could have thus contracted the fever, and that it is doubtful, and indeed highly improbable, that the remainder of the sick were in this manner infected. He is inclined to believe that a morbid cause, of a miasmatic nature, was generated in the foul holds of the ship, and which first manifested itself in the month of April, 1845.

The malignancy of the fever, even at this time, may be inferred from the great mortality, and the unavailing efforts of the surgeon in most of the cases to avert a fatal termination; one man died after an illness of three days; two of five days; two of six days; two of seven days; and one died on the 9th, one on the 11th, and one on the 13th day after they were attacked with the disease.

It is admitted that the fever contracted by the crew of the frigate at the Sherbro river was the bilious remittent, a non-contagious disease, and the same term is applied to the disease by all the medical officers who had an opportunity of judging from personal observation. Dr. K. believes that the fever was essentially the same from the first to the last, and in all respects similar in its nature and character with the worst cases of that which occurred in the fort or on the island of *Boâ Vista*.

The fact of the arrival of the *Eclair* in a healthy state at Sierra Leone, on the 5th of July, is, Dr. K. remarks, quite incompatible with the idea that the previous fever was contagious. After leaving Sierra Leone, however, the fever again broke out, and in a more aggravated form. The question, therefore, presents itself; was a new and specific disease communicated to the ship's company at this place?

The *Eclair* arrived at Sierra Leone on the 5th of July, and anchored close to the shore, where she remained until the 23d. Two days after their arrival the crew commenced cleaning and whitewashing the holds and store-rooms; and they were again employed in the same duty at the end of July and beginning of August; a part of the ship's company was also employed, at the same time, in cleaning the holds of the *Albert*, a vessel which had been engaged in the Niger expedition, and presented a strange accumulation of filth. The men were allowed to go on shore in small numbers at a time, in the midst of the rainy season. Some of those who came off at the expiration of their leave were allowed to go on shore a second time. Three men, although not sleeping on shore, remained until late; and eleven men are said to have slept on shore, some of them for several nights. The men had been exposed, consequently, under the most unfavourable circumstances, to the influence of morbid causes peculiar to the country, and at a season when few Europeans, lately arrived, escape an attack of the endemic fever, and where, from local aggravations, fever of a malignant type might be expected. There was, however, no epidemic condition of the atmosphere, although it was the rainy season, nor anything unusual at that time, either in the nature or amount of disease in the settlement.

"It is not hinted that the sailors were exposed to infection from persons actually labouring under the disease; indeed, it is not certain there was a single case of

sporadic yellow fever in the town previous to their arrival; Dr. K. is hence at a loss to understand how its origin can be explained on the principles of contagion. The *Eclair* left Sierra Leone on the 23d of July, anchored some little time off the coast, and arrived at the Gambia on the 10th of August. In that short time, however, several men, chiefly those who remained on shore at Sierra Leone, were carried off by fever, some of them with black vomit. After calling at Goree, the ship proceeded to Boâ-Vista, where she arrived on the 21st of August. It appears by the surgeon's report, that from the 19th of July, when the first case of fever was entered on the sick list, until the 31st of August, when the ship's company was disembarked at Boâ Vista, 44 cases of fever occurred, and 16 of them terminated fatally. Without assuming at present that there were any just grounds for believing that the cause or causes of the fever had a local origin in the ship, it may be inferred that this idea was entertained by the superior officers, or they would never have attempted to clear the holds at Sierra Leone in the rainy season, and within one month have commenced again the same laborious work at Boâ Vista, and that it is equally improbable, but from some apprehension of the kind, that they would have removed the men from the ship, and lodged them, at that hot season, in such a miserable place as the fort at Boâ Vista."

Dr. K. describes this fort as a dilapidated, neglected building, incapable of affording proper accommodation for even 50 men, although 100 men from the *Eclair* were there huddled together, several of them labouring under a malignant fever. Immediately within the door was a receptacle two-thirds filled with rubbish, the accumulation probably of years, while in the opposite corner of the court were two common close privies. Independent of these sources of contamination, the plan of the building precluded a free circulation of air; hence, when the place was overcrowded, and the clothes and bedding of the crew and convalescents were daily exposed for the purpose of airing, the atmosphere which the men breathed must, Dr. K. remarks, have been polluted and deleterious in the extreme. And with the thermometer at 86° during the day, and probably heavy dews at night, the fever instead of subsiding, as was anticipated, raged with increased virulence.

"But," inquired Dr. K. "does it necessarily follow from the aggravated character of the fever, and the great mortality at this place, that the disease was, or had then become contagious? I believe not. It is true, a greater number were attacked in a given time, but, after all, the ratio of mortality barely exceeded that in the fever off Sherbro. Whether the common atmosphere possessed any latent epidemic property at this time, I know not; but from the brief description I have given of the fort, I imagine few will deny that there must have been a concurrence of causes and circumstances, not only injurious to those who were ill, but likely to produce a malignant disease in others who were in perfect health, and as I am fully persuaded that the crew of the *Eclair* had been exposed for a length of time to the influence of some deleterious miasma generated in the ship, and which, by a combination of causes, had become highly concentrated, the melancholy occurrences at the fort may, I think, be rationally explained without referring to the agency of contagion. The holds of the ship appeared to be clean at Boâ-Vista, such also has been the case in other sickly ships, and yet, on examining minutely into hidden parts, it has seldom happened but accumulations of filth of some kind or other have been discovered, and justly referred to as the source of the disease. And such was actually the case in the *Eclair*, for long after the people left the ship in England, and when the engines were removed, mud some inches deep, was found under the flooring."

We have thus presented a condensed view of the statements and views of Dr. K. in reference to the occurrence of fever in the island of Boâ Vista during the summer and autumn of 1845. By the facts adduced the reporter believes that he has shown, 1st. That the fever which occurred on board the *Eclair*, between the 1st of April and her arrival at Boâ Vista, was of malarious origin and not contagious.

2. That, although the latter island was healthy at the period of the arrival of the frigate and the landing of her crew, and the disease which subsequently prevailed there was identical with that which prevailed among the ship's crew, still that it was not introduced into the island by the sick from on board the frigate.

3. That there is no evidence that the person, in whom the first case occurred at Boá Vista, had had any intercourse with the sick crew or with the ship, while the subsequent cases occurred at a period after the departure of the ship and the surviving portion of her crew, too remote to admit of the supposition that they were the result of a contagion communicated by the sick from on board the *Eclair*.

4. That the increase of the fever, among the crew of the frigate after they were landed, is readily accounted for from the morbid influences to which they were exposed, without the necessity of supposing its propagation by contagion.

5. That there were morbid causes existing upon the island capable of producing the fever, which is an endemic of the place, and to which those attacked were peculiarly exposed, and—

6. Soon after the departure of the *Eclair*, the atmosphere of the island had become vitiated and malarious, and hence, that the occurrence and spread of the disease among the inhabitants were attributable to a genuine epidemic cause.

The main points on which Dr. King and Dr. McWilliam are at issue, regarding the Boá Vista fever, rest, not so much upon any difference of opinion as to a certain series of events having occurred at that island, at a given time, and in a definite order, but, chiefly upon their respective views relative to the causes in which those events originated. They are both agreed, that the island was in a condition of the most perfect health, when the steamship *Eclair* arrived there, on the 21st of August, 1845, with a fever-stricken crew; that, upon the sick being landed and lodged in a fort, on a small island, about half a mile from Boá Vista, the fever increased instead of becoming diminished in intensity; that the sick were re-embarked in the *Eclair*, on the 13th of September. That, during the occupancy of the fort by the sick of the *Eclair*, there was a small Portuguese guard stationed there, which was several times relieved; that the guard, at the time the ship left, consisted of one negro and two European soldiers; that within *three days* after the departure of the *Eclair*, both Europeans were attacked with fever, similar to that from which her crew had suffered, of which they both died, in the course of a few days. That the negro was also afterwards affected with fever, and on that account, he and another negro soldier, who had been sent from Boá Vista to nurse the sick Europeans, were removed from the small island to Boá Vista, where, from fear of infecting their comrades, they were not received into the barracks, but lodged for some time in a house situated at one end of Porto Sal Rey; and further, that a convict woman, who lived next door to that very house, was the first person who was attacked with, and died from fever in the town.

Drs. King and McWilliam both state, that a person who had been a labourer on board the *Eclair* was the first individual, on the island of Boá Vista, attacked with fever, at least so as to attract attention. Dr. King says, this man was taken ill on the day after the *Eclair* sailed, September 14th, but, Dr. McWilliam thinks there is more reason to believe that he was attacked on the 17th of that month. He was attacked at a village called Moradinha, situate in the Ravine of Rabil.

In regard to the two Portuguese soldiers, constituting the guard at the fort, who were first seized with the fever, Dr. King considers that they were both pre-eminently exposed to the attack of endemic fever, as they were both Europeans, but lately arrived in the colony. But where, Dr. McWilliam inquires, was this endemic cause?

"It is," he remarks, "I believe, generally, if not universally admitted, that the endemial source of fever in warm climates is the entity called '*malaria*,' for the development of which, certain conditions of soil and of atmosphere, which I need not here recapitulate, are essential. By the concurrent testimony of the late Mr. Macaulay, the Hon. Mrs. Macaulay, Mrs. Pettingall, and every one else with whom I spoke on the subject, the weather was never more beautiful than at the period in question. An extract from Consul Rendall's diary, which that gentleman sent me some time back, states:—'September 13th. 1845. Growler and Eclair left for Teneriffe, or Madeira, en route for England; warm in the sun but with it cool breezes. The weather has been of this description from the arrival of the Eclair, and, to the date of her sailing, we had no rain.'—So late in the month as from the 25th to the 30th of September, is reported '*as cool*!' No mention is made of rain—and, it is not particularly noted—until the 5th of October. Captain Buckle's evidence as to the state of the weather during the week he was at Boá Vista, is to much the same effect. He says, '*the winds were N.E. to N. by E., sky always b.c. A little rain fell once or twice during the night while we were there.*' Dr. King, indeed, nowhere, in his Report, ventures to invoke the aid of malaria earlier than the *end of September or beginning of October.*"

At this period, Dr. K. evidently sees no chance of establishing the existence of anything like a *general* endemial cause; but, before abandoning it altogether, he offers a conjecture which Dr. McW. imagines to be too vague to have much weight in a philosophical inquiry. He says, "whether the common atmosphere possessed any latent epidemic property at this time, I know not."

Dr. McW. admits the description, given by Dr. K., of the fort upon the small island, occupied by the Eclair's crew, to be correct, and also, that these men had been exposed on board of ship to a deleterious miasm, and even admits it as possible that the extension of the disease among them after their landing, may be explained without referring to the agency of contagion; but insists, that the death of the two soldiers, whom all admit had never been on board the Eclair, cannot be thus accounted for. Dr. McW. does not believe that the condition of the fort, though doubtless favourable to the *propagation*, if not to the exaltation in character, of yellow fever, was of itself capable of *originating* the disease. The polluted and deleterious state of the atmosphere, caused by the overcrowding of the place with the sick and well, and the daily exposure, for the purpose of ventilation, of the clothes and bedding of the crew, was, in his opinion, more likely to produce the fever.

Dr. McW. and Dr. K. do not differ, very widely, in estimating the temperature of the atmosphere while the Eclair remained at Boá Vista. Dr. K. states it to have been 86° during the day; Dr. McW. considers this as the maximum heat, and gives 81° 80' as the daily average, the maximum seldom reaching 84°.

Dr. K. says he has no reason for believing that any of the soldiers of the fort were permitted to enter the sick apartments; but Dr. McW. has shown, from the examination of the soldiers themselves, that there is not the slightest doubt but that most, if not all of them, were in the sick apartments.

"One glance," he adds, "at the dimensions of the rooms of the house, will convince any one, upon a moment's consideration, that to accommodate the whole

of the Eclair's sick in them, was a physical impossibility; consequently, some lay under tents or sheds in the court yard. The guard occupied a wretched shed called a cook house, close to the lower door of the house where most of the sick lay; some of them slept under the piazza, where they must have been trodden on, by the sick going to the water closet. Moreover, from the small size of the whole enclosure (93 by 50 feet) containing so great a number of men, it was next to impossible for the soldiers, if they had been ever so careful, to avoid contact with the sick."

It is beyond any doubt, Dr. McW. remarks, that soon after the death of the two white soldiers at the fort, the black was taken ill, and was in consequence sent, with a companion, to a house in the Beira Row of Porto Sal Rey. Next to this house lived a female, who was the first person seized, so, at least, as to attract any attention, with fever, and the first who died (about October 16th), in the town. A man, living twenty yards from her house, was dead from fever, on the 18th of October, and, next day after, a female, who lived in the next house to him, was attacked, while a European writer, who lived in the same row, was also seized and died towards the end of the month. Dr. King says that he was informed, by the coloured soldier sent from the fort, that he and his companion held no communication with any one while there; but Dr. McW. adduces the evidence of the same soldier, contained in his former report, to prove, that the very reverse was the fact. He also appeals to the evidence of several other persons, contained in that report, to show, beyond doubt, that the female who lived next door to them, and many other individuals, visited them while they remained at Beira.

"The invasion of Porto Sal Rey by fever, remarks Dr. McW., forms an epoch, so to speak, of the epidemy, differing in one important particular from the whole of its antecedent history. By the time the female, living next to the house occupied by the coloured soldier, was taken ill, much rain had fallen, the weather had become more hot, and, in short, there now—but not before this—existed the recognized elements for malarious evolution."

Dr. McW. observes, that here an important question presents itself—was either the origin or progress of the fever in Porto Sal Rey in conformity with the laws of diseases caused by endemical influences? To account for its origin at this place, Dr. K. refers to a large pool of stagnant salt and fresh water immediately behind and to windward of Beira, and a locality still nearer to the houses, resorted to by many people when obeying the calls of nature. The lower part of the Beira Row abuts on the beach; and a little way above its upper extremity, the trappean rock crops out, and forms a ridge between the houses of Beira and the salt plain to windward, where only there could have been a pool of fresh and salt water. But, according to Dr. McW., the chief depot of fresh and salt water, is on the flat site of the salt pan, immediately behind the main body of the town. The shallow troughs in which the salt is formed cover a superficies of between three and four thousand square yards. When the rainy season had some time set in, the greater part of the plain, as far back as the Reshee Hill, is in a state of inundation, and the broad side of the whole town is thus immediately to leeward of a sheet of water. With reference to the other source of atmospheric pollution, mentioned by Dr. K., Dr. McW. admits that there are, or were, receptacles of the same kind in various parts of the town.

"Here, then," Dr. McW. continues, "as regards Porto Sal Rey, there was at this time a general prevalence of those theoretic physical conditions by which fever may be caused. But was the manifestation of the disease also general, or in

accordance with the endemial law? Most assuredly not. It was the very reverse; for it was, for a considerable time, strictly local, being confined to Beira and its immediate neighbourhood. It is, surely, attributing too much to mere chance to suppose that an endemial cause should spare the inhabitants of Porto Sal Rey only so long as the soldiers kept away from the town; that it should select for its operations, in preference to all others, the very locality, nay, the very house, in which those soldiers were lodged; and that it should, still further, maintain its extraordinary capricious character, as to mark out for its first victim, the very woman who cooked for them. The non-appearance of the disease in Porto Sal Rey for so long a time, is thus easily accounted for, and argues incontestably for its introduction to the town by the sick soldiers from the fort. For it is quite certain that the fever did not show itself *until* the soldiers came to Beira. It would indeed be tedious here to recapitulate the whole of the evidence in my report, proving, from high and low, that the fever, in Porto Sal Rey, broke out in the person of the female who cooked for the soldiers; *radiated from her house to those in the immediate neighbourhood*, and ultimately extending over the whole town; or, in other words, that its rise and progress were in harmony with the laws which regulate *contagious disorders*."

Dr. K. thinks it remarkable that the fever, if contagious, was not introduced into the town at an earlier date by the labourers, who were, he says, quite as much exposed as the soldiers to its presumed fatal influence. Dr. McW. replies, that it is hardly possible that two bodies of men could have held positions more diametrically opposite to each other than the soldiers and labourers, with reference to the sick crew at the fort and the frigate. No labourer, with the exception of the slave who died, ever was within the walls of the fort, although some were at the gate to get water, while the sick were there; but most, if not all of them were, at one time or another, on board the *Eclair*. On the other hand, no soldier was, at any time, on board the vessel, but all those who composed the several guards were, of course, in the fort with the sick. It clearly follows then, that the labourers were exposed to whatever sources of disease there may have been on board the vessel, but not to those that existed at the fort, while the soldiers, on the contrary, were rendered liable to whatever morbid cause there may have been at the fort, but not to any that may have been on board the vessel.

"It is quite certain," observes Dr. McW., "that it was one of the labourers who was the first person attacked with fever in Rabil, where he must have arrived about the 25th of September. In the beginning of October one of his daughters was taken ill, and died in three days. Four days after she died, another daughter was seized, and she also died. Eight days after the second girl died, his son was attacked, and lived only five days. Lastly his wife was struck down on the day, or the day after the boy died, but in her case the fatal termination was protracted until the fifteenth day of her illness. So that her death did not take place until the beginning of November." Meanwhile, on the first, and about the end of September, and the beginning of October, respectively, a man, his wife, and two children, near neighbours of the above labourer, were attacked early in October; another neighbour, and the members of his family, between the 10th and 12th of October, and about the same time, still another of the same vicinity. "It is unnecessary," Dr. McW. remarks, "to trace the radiation of the fever, from this to other quarters of Cabeçada. But Dr. K. denies that there is any evidence that the labourer taken sick at Rabil was ever within the influence of a specific contagion; according, however, to Dr. McW., the man was for a day on the *Eclair's* lower deck pumping water, and, there was a strong suspicion of his having taken a coverlet belonging to one of the officers of the ship, and he was on board the ship the day the sick were re-embarked from the fort, and assisted in hoisting them in. It is true there were others on board at this time who were not attacked. But, Dr. McW. replies, "the case of this labourer bears every evidence of being

a positive instance of infection which is not to be controverted by any number of mere negative results."

Dr. K. considers that Moradinha and the villages in its vicinity were in locality peculiarly adapted to the origination of endemic fever. This Dr. McW. admits, but asks, how far is the theoretic view of the subject borne out by actual facts?

"Fever broke out at Moradinha at a season of the year when there was nothing like any appreciable local physical condition to produce it. When fever was raging at Rabil, high above the ravine, there were only two persons at all sick in Moradinha, which lies almost in its bed. Again, Estacia de Baixo, which all the year round overlooks, and is nearer to, the site of the swamps, in the lower end of the ravine, than any other part of the island, suffered least of all from the fever; for, in a population of 256 persons, only three deaths took place, while the average mortality throughout the island was 1 in 15.4. Again, when fever re-appeared at Moradinha, it was at that season when, theoretically, malaria, ought to have been least rife."

In *Estacia Velha* (old town), Dr. McW. traces the importation of the fever to two persons who arrived sick from Rabil. *Cabeça dos Tharafes* was infected by the arrival of a sick female. *Joao Gallego* was perfectly healthy until the arrival of two sick soldiers from the barracks in Porto Sal Rey. For the evidence in support of these positions, we are referred to the official report of Dr. McWilliam.

Drs. King and McWilliam nowhere differ as to the periods at which the several districts in the island were invaded by fever, so as in the least to affect the question at issue. Both notice particularly the fact of *Estacia Vella* and the other distant villages continuing so long healthy, while fever was raging elsewhere on the island. But their respective conclusions from this fact are in direct opposition. Dr. King regarding it as a proof against contagious propagation, while the other gentleman considers it as highly favouring such a view. The common atmosphere, according to Dr. K., in October, November, and December, possessed an epidemic constitution.

"Had the epidemic at Boá Vista originated," argues Dr. McW., "in a cause so generally diffused as the common atmosphere, it is, I imagine, but right to expect that its appearance in the various districts should have been somewhat general and simultaneous, instead of its being, as we both admit, confined for periods to certain localities. Again, the supposition of there having been any general 'latent' atmospheric vitiation cannot be reasonably entertained; seeing that all the other islands of the group, within sight of each other, remained in their usual health. In my opinion, all that can be granted is this: that at Boá Vista, a considerable time after fever broke out, there existed the theoretic physical conditions to generate malaria: therefore malaria *may have been* produced,—if so, it must be allowed that the atmosphere *may have then* become in a state favourable to the *propagation* of the disease. To this extent, then, the postulate is admitted, but its corollary is not, on that account, to be largely or hastily adopted: for it is by no means free from exception. It has been seen that the fever could not only arise, but that it could spread without the aid of malaria; where malaria ought to have been most rife, there was *least* fever, and in the town of *Ribiera Brava*, in the neighbouring island of Nicolao, I saw the elements for malaric production in as great perfection as anywhere at Boá Vista, yet San Nicolao was healthy, while at the same time fever was raging at Boá Vista. If, in short, it has been satisfactorily demonstrated that the Boá Vista epidemic did not owe its *origin* to malaria, it follows that its diffusion over the whole island may also have been perfectly uncontrolled by it, or by any other supposed abnormal atmospheric condition.

"There is another species of evidence generally recognized as of some value in an inquiry of this kind, which Dr. K. has not noticed. I mean the negative evi-

dence derived from the isolation or segregation of healthy individuals, from infected districts. At *Espinguera* near Mount Broyat; at *Cantor* near Mount Ochello; and at *Agua dos Caballos*, situated little more than a mile from Cabeça dos Tharafes, where, as the name implies, are the elements for a local febrile cause, I saw so late as in May 1846, little colonies amounting in all to fifty-one persons, who, in the early period of the epidemic, had fled from Joao Gallego and other villages, and cut off all communication with them. Not one that remained was attacked. No one, they said, had had fever.

"Dr. King seems doubtful as to the symptoms having been so violent as represented. It is quite in accordance with all experience, that in yellow fever, as well as in other tropical diseases, the symptoms are less strongly marked among the negro and mixed races, than among the whites. However, judging from the mortality, they must have been violent enough to satisfy the most fastidious on this head. The average mortality among the whole native population, slaves and free men, was 1 in 15.4. Of 56 European Portuguese who remained on the island, 25 died; out of 11 English and Americans 7 died. In the barracks the whole force consisted of 41 rank and file, of whom 9 were European Portuguese, the rest natives of the Cape de Verdes, chiefly negroes. Of the 9 Europeans 8 died: the last 6 at the barracks, all within three weeks."

Dr. King states in his report that Dr. Almeida considered the disease to have been an aggravated type of the bilious remittent. On this point Dr. McWilliam presents a passage from the testimony of Dr. A. contained in the former report, and a letter from that gentleman dated June 31st, 1847; the first to show his opinion as to the nature of the epidemic *eight months previous* to Dr. K.'s visit to Boâ Vista, that namely, it was *yellow fever*, and the same disease as prevailed among the crew of the *Eclair*, and which he had never before witnessed at Boâ Vista; and the second, to prove that he entertained the same opinion *six months after* Dr. K. left the island. "I have," Dr. Almeida writes, "resided in this island thirty-eight years, as the only medical man of the place. I have treated the inhabitants of this island, of all and whatever sicknesses with which they have been attacked, and it has never come to my knowledge that contagious fevers have been introduced into this island, nor have originated in it; but only fevers '*miasmaticas*,' exhibited with intermittent and remittent symptoms, which only took place some years in the rainy season, from the effects of stagnant water in the ravine of Rabil, and attacked the people living in the neighbourhood thereof, whilst those in the other villages were exempt. It was only in the year 1845 that I have known in the island the *contagious* or *yellow fever*, which, unhappily, was introduced by Her British Majesty's Steam Vessel '*Eclair*,' and to such an extent devastated this unfortunate people."

Dr. McWilliam concludes his remarks upon Dr. King's report as follows.

"I think, then, that the whole tenor of the evidence furnished regarding the Boâ Vista epidemic fully bears out the following conclusions, viz:—

"1. That the epidemic did not arise from any endemial source.

"a. Because fever appeared before any of the commonly recognized conditions to produce endemial causes existed.

"b. Because, even after these supposed endemial conditions existed, where malaria ought theoretically to have been most rife, there was least fever.

"2. That the epidemic did not depend upon any general atmospheric vitiation.

"a. Because the whole of the other islands, which are within sight of each other, and all within the trade-wind influence, were, when fever raged at Boâ Vista, in their usual health.

"b. Because the manifestation of the epidemic was in no degree general or simultaneous, as it ought to have been, if it had been owing to a cause so diffused

as the common atmosphere, but was confined for long periods to certain localities, while other districts were wholly exempt from the disease.

"3. *That the Boâ Vista epidemic is an instance in the history of yellow fever, in which that disease is proved to have been imported into, and afterwards diffused over an island, by virtue of infectious properties.*

"a. Because Boâ Vista was perfectly healthy until the arrival of H. H. S. Eclair there, with a fever-stricken crew.

"b. Because fever of the same nature as that which afflicted the Eclair appeared among the inhabitants of Boâ Vista, within a reasonable time after her departure from the island, and first in the persons of those who had been in direct intercourse with the sick crew.

"c. Because the progress of the disease from one district to another, and from person to person, was, in every case, clearly traced to communication with infected individuals.

"d. Because isolation of healthy persons, in places remote from, as well as in places near to, sick villages, bestowed perfect immunity upon those who were thus segregated."

We have thus laid before our readers an analysis of the Report of Dr. King, and of the Remarks upon that report published by Dr. McWilliams. The subject discussed in these documents is a most interesting one. Of the exact character of the disease which occurred on board the Eclair, and that which subsequently prevailed upon the island of Boâ Vista, we have no precise facts to form a correct opinion. That the two were identical appears to be admitted by all who had an opportunity of forming any judgment in relation to this point from personal experience. But whether the disease was actually yellow fever, or a malignant form of bilious remittent fever, or that form of malignant fever which has been denominated the Bulam fever, the question as to its essentially contagious or non-contagious nature is an all-important one, in reference as well to pathology as to public hygiene. Convinced that the yellow fever of this country is not capable of being communicated by contagion, and that the same is true of the several forms of remittent fever which prevail in different sections of the United States, we have been inclined to scrutinize very closely the facts and deductions presented in the two documents of Dr. McWilliams, in proof of the contagious character of the Boâ Vista fever, and to give full weight to the statements and arguments adduced by Dr. King to prove its strictly endemic origin, altogether independent of any connection with the landing of the sick crew of the Eclair in the immediate vicinity of that island, and its subsequent spread, from the same local causes by which it was generated in the first instance. After the most careful examination of the subject as presented by these several documents, we are constrained to confess, very candidly, and we admit, somewhat reluctantly, that Dr. King has failed in his attempt to invalidate the conclusions of Dr. McWilliams, logically deduced from a connected series of well defined facts. If it be possible to prove the communication of a disease by contagion without the test of actual inoculation, the facts presented by this gentleman and not disproved by Dr. K., prove, that the fever which occurred in Boâ Vista was introduced by the sick from on board the Eclair, and communicated from individual to individual, until it finally extended to the mass of the population.

We regret extremely that the true pathological character of the disease in question has not been more accurately made out. The mere statements of individuals, even though highly respectable in reference to their professional standing, as to the nature of an epidemic fever, cannot be received as conclusive; the only positive and satisfactory evidence on this point is

that derived from an accurate statement of the entire history of the disease, and of its pathological anatomy. In the absence of this evidence we have no right to conclude that the Boâ Vista fever was the same disease as the yellow fever of the United States, or to infer that the latter is propagated by contagion, even occasionally or contingently, from the fact that the contagious character of the Boâ Vista fever may be admitted to have been incontrovertibly established.

D. F. C.

BIBLIOGRAPHICAL 'NOTICES.

ART. XX.—*Essays on Infant Therapeutics: to which are added Observations on Ergot, and an account of the origin of the use of Mercury in Inflammatory Complaints.* By JOHN B. BECK, M.D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of the University of the State of New York, &c. &c. New York, 1849: 12mo. pp. 117. W. E. Dean, Publisher.

Dr. BECK has done well in collecting together, as he has done in the present work, the essays, published by him, at different periods, in the Medical Journals, on the effects of opium, emetics, mercury, blisters, and blood-letting on the young subject. These essays relate to very important points in the therapeutics of infancy, and embody, not only the experience of many of the most authoritative writers in reference to the questions discussed, but a series of practical observations upon the employment of the therapeutic agents enumerated, in the several diseases of the infant to which they are adapted.

While the remedies embraced in the essays of Dr. Beck are unquestionably all important in many of the affections incident to the early periods of life, still, as their effects are modified by the physiological condition, as well as by the pathological tendencies of the infant organism, they demand in their exhibition, much judgment, with a constant attention to the injurious and even fatal results which are liable to result when they are improperly or incautiously administered.

The remarks of Dr. Beck upon each of these remedies, the leading circumstances under which its use may be beneficial or injurious, and the proper mode of its employment, are clear and judicious, and will be found of great value at the bed-side, by the younger members, especially, of the profession.

The two essays which are appended, the one on the effects upon the uterus of the ergot, and the second, on the origin of the use of mercury in inflammatory complaints, are interesting. The first is marked by much good sense, and although we do not entirely concur with the author in all his conclusions, still they are so generally correct, that we feel no disposition to enter into a discussion of the few points in regard to which we differ from him.

D. F. C.

ART. XXI.—*Die Krankheiten der Milz; Eine pathologisch-therapeutische Abhandlung, von CARL BERTHOLD HEINRICH, A. A. L. L., Mag. Doct. d. Phil. Med. u. Chir. etc. etc.* Leipzig, 1847: 8vo. pp. 452.

The Diseases of the Spleen: A Pathologico-therapeutic Treatise. By CHARLES B. HEINRICH, M. D., &c. &c.

THERE is scarcely an organ of the animal body of which we know so little as we do of the spleen. Its anatomical structure has, it is true, been minutely studied, but in regard to its functions there is scarcely a single point that has been fully established. From an early period, the uses of this organ have been the subject of much curious speculation; and so discordant and ridiculous were the opinions upon this subject of the older physicians, we can scarcely be surprised that some were inclined to the belief that the spleen serves no other purpose than to preserve the equilibrium of the body by counterbalancing the liver, or to fill what would otherwise have been a vacant space in the abdomen.

As a necessary consequence of the obscurity involving its physiology, and the comparatively trifling amount of disturbance produced by the abnormal conditions of the spleen, its pathology has not attracted much attention. Its morbid anatomy

is minutely described in connection with that of the several affections in which the organ is involved, but beyond this the investigation of its pathology has made but trifling advances.

To investigate the various diseased conditions of this curious organ—their etiology, symptomatology, diagnosis, and treatment, is the object of the work before us. The author has collected, with much industry, the observations in reference to the pathology and therapeutics of the several diseased conditions of the spleen, that are scattered through the writings of the leading medical authorities of the past and present centuries, and has added whatever facts his own experience has enabled him to verify.

The treatise commences with an admirable and minute account of the development and anatomical structure of the spleen, followed by an inquiry into its physiology.

The author believes that, from the position of the spleen, its immediate connection with the stomach and the several organs appertaining to the portal system, a connection shown, especially, by its sympathy with these organs in health and disease, its character as a chylipoietic agent may be reasonably inferred. He, therefore, includes it among the lymphatic glands—which, in its anatomical structure, it closely resembles. He remarks, that a spleen is present only in those classes of animals in which a distinct lymphatic system has been detected, while its size is always in proportion to the development of that system. Inflammation of the lymphatic vessels not unfrequently accompanies hypertrophy of the spleen, as a sympathetic phenomenon; while hypertrophy of the spleen is often a consequence of disease of the lymphatic glands of the abdomen, or is observed as a symptom of general scrofula. Dr. Heinrich, in evidence of the spleen being a lymphatic gland, adduces, further, the observations of Mayer and Czermak, who observed the mesenteric glands to become enlarged after extirpation of the spleen, and that of Tiedemann, who, after the same experiment, observed an enlargement of the thyroid gland to take place; the latter being, according to our author, an organ nearly related to the spleen. These observations are adduced to prove identity of office, by showing that a vicarious activity takes place in other lymphatic glands in order to supply the action of the removed spleen. According to our author, the special office of the spleen, an office which it possesses in common with the mesenteric glands, is, as was supposed by Hewson, to separate from the materials furnished by the portal vessels the colouring matter of the blood, and at the same time to remove from the newly absorbed chyle any excess of watery fluid. Its peculiar cellular texture, interwoven with a network of blood-vessels and lymphatics, aptly fits it, he conceives, for this office, which, as is shown by experiments upon the lower animals, is most actively performed about four or five hours after a meal—that is, after full chymification.

The influence of the spleen in the formation of the colouring matter of the blood, our author considers to be evinced by the fact, that it is only in red-blooded animals a spleen is met with. It is further shown by the circumstance, that in animals from whom the spleen has been extirpated, the gall-bladder contains but a small quantity of colourless bile; as well as by the observation, that the diseases which are attended by a softened, hypertrophied or hardened condition of the spleen, are all characterized by an abnormal chemical condition of the blood, evinced in a defect of the quantity and quality of the hæmatin; hence the earthy, pale, or even green hue of the skin of those patients who are affected with any of the splenic cachexia. This view of the functions of the spleen throws some light, Dr. H. conceives, upon the well-known specific influence which the preparations of iron exert over the greater portion of the splenic affections.

When the function of the spleen is disturbed, Dr. H. believes, that a general dyscrasia ensues, which he denominates the melanotic; and from which proceeds a number of secondary forms. The cruur of the blood being diminished, and the serous portion proportionately increased—there is produced, according to the different grades and modifications of this change in the composition of the blood, the several forms of anæmia, dropsy, chlorosis, scurvy, purpura, and petechia; all of these affections being, according to Dr. H., more or less dependent upon a diseased condition—especially tumefaction and softening—of the spleen.

Our author would appear to adopt, in part, the opinion of Oesterlen, by admit-

pathology of the spleen and mesenteric glands, he traces the

ting that the spleen co-operates with the liver in freeing the blood from any excess of fat.

The spleen, therefore, he considers to be an organ which prepares the blood for the action of the liver, while the latter performs the same office for the lungs.

Dr. Heinrich considers that, besides these active functions of the liver, it performs, also, a passive office by acting, as Rush taught, the part of a diverticulum, to protect the more important organs in its vicinity from an over-distension of their vessels with blood, to which they would otherwise have been liable under a variety of circumstances.

A general idea of the author's views in relation to the pathology of the spleen, may be gathered from the following remarks, which constitute the substance of the chapter which treats on the tendency of the spleen to disease.

He commences by referring to the generally received doctrine, that the predisposition of an organ to disease is always in direct proportion to its physiological importance. This observation, founded upon a too broad application of the physiological character of an organ to explain its pathological tendency, can, he is of opinion, be received only in a restricted sense, if it be not, in the greater number of cases, positively false. The spleen, he observes, I have shown, is believed to be one of those glandular bodies to which a by no means high physiological importance can be ascribed, inasmuch as its functions may be sufficiently supplied by the vicarious action of other organs. Nevertheless it belongs, confessedly, to that class of organs which are the most frequently found in a diseased condition; and this often in cases, in which, during the lifetime of the patient, no trace of functional disturbance had been detected.

While it is admitted that a part which is deficient in nerves is, in consequence, possessed of a less amount of vital activity, it does not follow, that a part so circumstanced is less disposed to take on diseased action. This is proved by the fact, that the heart and many other organs which, in common with the spleen, possess but a proportionately small number of nerves, are particularly predisposed to disease. The conditions upon which the predisposition of a part to disease depends are rather, its greater or less exposure to morbid influences, the number and importance of its sympathetic connections with other organs, and its consequent susceptibility to partake of the diseased conditions of the latter.

The spleen, by its deep, concealed position in the abdomen, beneath the short-ribs, is, to a very great extent, secured from mechanical injury. Its communication with external influences takes place, principally, through the stomach, lungs, and skin, by means of the absorbents and blood-vessels. When the lymph becomes impregnated with any foreign noxious matter, the spleen is by this readily excited to morbid action. This is evidenced by the almost constant affection of the spleen, which is observed, as a secondary symptom, in the different morbid conditions of the blood. And, inasmuch as the morbid condition of this organ, in the several crasis, is distinguished by characteristic phenomena, the spleen becomes in a certain sense an indicator of the different dyscrasia.

The sympathies by which the spleen is connected with neighbouring and remote parts of the organism, are extremely important and numerous. In his glance at the physiology of the organ, Dr. H. presents a general sketch of these sympathies. He attempts to show that the functions of the spleen have an intimate relation to those of the liver and lungs; holding thus, as it were, the medium between the two latter organs, in carrying on the process of hæmatosis.

The spleen is, also, more or less connected with the whole of the lymphatic system, and to the entire circuit of the organs appertaining to the portal circulation, as is proved by the reciprocal assistance they yield to each other when any abnormal change occurs in the activity of one or other of them.

As the spleen forms, also, a natural reservoir which, under certain circumstances, receives any excess occurring in the mass of the blood, and in this manner shields the vessels of even remote parts from sudden and excessive distension and consequent rupture; it is, therefore, liable to morbid turgescent upon any sudden disturbance of the circulation in other parts of the body, as, for example, after amputation of the leg or arm, and in various ways, when in this condition, to be made the centre of morbid action. This the more readily takes place if the spleen be

already in a diseased state—either inclined to atrophy or hardening, or in a state of commencing suppuration.

Finally, observation proves that the spleen, from its position behind the stomach and in the immediate vicinity of the solar plexus, partly by pressure made by it upon this important nervous network, and partly by inducing a secondary affection of the nervous system, especially in cases of dyscrasia resulting from disease of the organ, becomes the cause of certain anomalous reflex symptoms, mostly produced by abnormal action of the sympathetic nerve.

From what has been said, it must be evident how difficult it is to delineate a case of splenic disease, in which various consensual phenomena, resulting from the disturbance of other organs, will not be present. So prominent, in fact, are the latter, in many instances, that they appear earlier and are more decidedly marked than those immediately dependent upon the organ primarily affected. On the other hand, we are authorized to conclude, from the active consent which exists between the spleen and other organs, that the irritation, occurring primarily in one of the latter, particularly in one of those which are more immediately connected together by the portal circulation, may be readily reflected upon the spleen, and there excite a morbid action by which disease shall be again extended throughout the body. In this category are included all those diseases which result from a contagious poison, and are attended by splenic tumefaction.

In regard to the portion of the spleen most prone to disease, our author remarks that his observations lead him to conclude the portion nearest to the hilus or portæ is that in which morbid action is the most readily and frequently excited. This accords with the law laid down by Clâssen, that in membranous and glandular organs, there is invariably a greater inclination to disease at their orifices than at other portions of them. Next to the hilus, the part most frequently and readily diseased is the enveloping membrane, which is often found softened or thickened, or the seat of cartilaginous or bony degeneration, the former being most commonly the result of preceding inflammation, either confined to the portion of peritoneum covering the spleen or extending to it from another portion of the peritoneal membrane.

An irritation of the spleen, even of a normal character, sustained by the movements of the diaphragm, may, by various circumstances, be considerably increased, and at length become the cause of morbid changes. This explains the greater predisposition to disease of the upper over the lower portion of the spleen, especially the more frequent occurrence in this part of tubercles, abscesses, and the indications of various forms of inflammation.

Of the other points connected with the etiology of the splenic diseases, as presented by our author, we can only present a very brief sketch.

In certain families he believes there is more than in others a proneness to affections of the spleen.

Females he believes to be in general more liable to disease of the spleen than males, if we except wounds and external injuries. Splenic tumefaction he sets down as a common result of derangements of the menstrual function.

Diseases of the spleen in general, he describes as of most common occurrence during the middle period of life. But when we refer to the individual forms of splenic disease we find tuberculation to be most common in childhood; certain forms of enlargement of the organ and their consequences, like the intermittent fever with which they are connected, are almost invariably confined to the adult age; the morbus maculosus Werlhofii, chlorosis, and other general diseased conditions more or less dependent upon splenic disease, are confined to the period of development, while true scurvy, which is also often dependent upon tumefaction of that organ, is observed at a later period. Very great softening, amounting to diffidence of the texture of the spleen, is very seldom met with in young persons, but is very common during middle and more advanced age. Atrophy, hardening and cartilaginous degeneration belong to the period of old age.

According to our author, there can be no doubt that certain constitutions and temperaments are more predisposed than others to splenic disease. Mærens describes this constitution and temperament as being indicated by a dark complexion, proneness to sadness and melancholy; timidity, meditation, an easy excitation to tears; sourness of stomach, and heartburn. The greater number of suicidal

monomaniacs, Marcus adds, are affected with a morbid condition of the spleen. While our author admits the general correctness of this description, he considers the remark in relation to the majority of suicidal monomaniacs being those affected with splenic disease, as an exaggeration.

As a general rule, it may be stated, that the temperament usually described as the lymphatico-venous, is the one in which disease of the spleen is of most frequent occurrence. In persons of this temperament the spleen is perhaps already to a certain degree diseased.

Our author enumerates scurvy as one of the most prominent of the causes of splenic disease. Softening of the spleen he describes as a common consequence of intemperance, of the mercurial cachexy, and of intermittent, typhus and exanthematic fevers, and pyamia. He refers to the case described by Heusinger in which a metastasis of inflammation took place from the parotid to the spleen; to the two observations of Scudamore in which splenitis followed an attack of gout, and to the remark of Heusinger that he has known the occurrence of inflammation of the spleen during gout to cause a temporary abatement of the local phenomena of the latter.

Among the physical causes of splenic disease Dr. H. enumerates severe blows or falls upon the left hypochondrium. In cases in which tumefaction and softening of the liver are already present, blows or falls may produce a rupture of its enveloping membrane, and give rise to a fatal hemorrhage into the abdominal cavity. The spleen is liable to be wounded when morbidly enlarged, or when, during digestion, it is distended with blood. The author refers to a curious case described by Mayer, in which a lumbricoid worm, after having penetrated through the coats of the colon, had entered deeply into the substance of the spleen, causing inflammation of the latter. He sets down as a cause of acute splenitis the drinking of cold water when the body is overheated, or the sudden chilling of the body after exposure to the heat of the sun, which latter, Heusinger had already described as one of the most active causes of splenic inflammation. Other causes of tumefaction and even inflammation of the spleen, are, he remarks, the sudden arrest of the menses or of the hemorrhoidal flux; over-distension of the organ with blood, after the amputation of a limb, long-continued running, or swimming, or excessive dancing. The tumefaction and inflammation of the spleen occurring in drunkards, gluttons, &c., and in persons exposed to malaria, he believes to be caused as much by an excessive distension and irritation of the texture of the organ, as by the morbid change produced in the composition of the blood. Splenic disease is also, we are told, liable to result from terror, fear, grief, despondency, and other depressing affections of the mind.

Our author refers to a case of tumefaction of the spleen, described by Bree, occurring in a female after being, in a frolic, six times successively immersed in the sea. The neglect of periodical blood-letting Dr. H. describes as a cause of melancholy with disease of the spleen. The immoderate use of alcoholic drinks, by overloading the blood with carbon, produces a dyscrasia which is connected either with simple tumefaction of the spleen, with tumefaction and softening, or with atrophy or scirrhus hardening. Disease of the spleen is produced, also, by drinking the water of swampy grounds.

The articles of food which predispose to disease of the spleen are described as, the grains rich in amylaceous matter, the legumina, potatoes, the fat vegetable oils, saccharine substances; and in short all those nutritive substances which introduce into the circulation a large amount of carbon and hydrogen.

The narcotics, especially the hydrocyanic acid, which, when taken into the system in a certain amount, produce a decomposition of the entire mass of the circulating fluid, reducing the blood to a black, thin fluid, are enumerated as among the causes which produce a distension and softening of the spleen. H. Meyer, however, in his experiments with hydrocyanic acid upon different classes of animals, positively asserts, that while in no case did the blood after death fail to coagulate, he never found the blood-cells altered, and he makes no mention of any morbid appearance in the spleen. Very similar, we are told, to the effects of the hydrocyanic acid upon the blood and spleen, are those of the sulphuret of ammonia and sulphuretted hydrogen. Similar effects are produced by the poison of certain forms of typhus, and by different kinds of miasmata.

All those habits and occupations which predispose to abdominal plethora or cause repeated pressure or bruising of the abdomen, are liable, according to Dr. H., to give rise to splenic disease, as for instance a sedentary position of the body, shoemaking, weaving, &c.

Meteorological causes, according to our author, promote the occurrence of splenic disease, in so far as atmospherical heat predisposes to disease of all the gastric organs, attended with disturbance of the functions of the liver. The spleen especially suffers in wet, swampy regions, when the atmosphere is hot and loaded with moisture.

In regard to the localities in which disease of the spleen is of most frequent occurrence, Dr. H. remarks, that it is in low, frequently overflowed, swampy regions, lying at the mouth of large rivers, or at the base of mountains, and in damp valleys, with a hot, sultry atmosphere, that the chronic affections of the spleen and other glands prevail. Hence the frequency of these in both the Indies, in many parts of Africa, and in different portions of North America. In Brazil, diseases of the spleen, we are told, are less general than in other tropical climates. In the south of Europe, particularly in Italy, Sicily, and Spain, splenic disease is of frequent occurrence; the same is true of Holland, and of the Rheingau.

The symptomatology and general diagnosis of the diseases of the spleen are considered at great length by Dr. Heinrich; these questions, with the nearly allied ones of the complications and differential diagnoses, occupy no less than one hundred and sixty pages. The author commences by noticing the frequent absence of characteristic symptoms, and then describes, in detail, the local and consensual painful sensations in the neighbourhood of the left hypochondrium; pointing out, however, the mistake that would occur, were, from these symptoms alone, the presence of splenic disease inferred, as the pains may result from disease of the left lung, the heart, the diaphragm, the peritoneum, the stomach, the left lobe of the liver, the cauda of the pancreas, the omentum, the transverse and descending portions of the colon, or the left kidney. The character and circumstances of the pain in the different forms of splenic disease are next minutely described. The diagnoses of the several forms of splenic disease by the sight and touch, are the subject of the ensuing section. The predominance of the symptoms in the left hypochondrium is referred to as a diagnostic symptom. Functional disturbance of the gastric organs is noticed—thirst—increase or diminution of appetite—a desire for particular articles of food—sour or bitter taste in the mouth—acid eructations—whitish or yellow coating of the tongue, or redness and dryness of this organ, or finally a bluish colour of the tongue, with indentations of its edges—sponginess of the gums, with offensive breath—ptyalism—nausea and vomiting. Diarrhœa is noticed as occasionally but not invariably present, excepting in chronic cases accompanied with intumescence and hardening of the spleen; most commonly there is obstinate costiveness with colicky pains. A consideration of the functional disturbance of the respiratory organs follows. These our author considers as chiefly secondary. A minute inquiry is entered into, in regard to the reaction of the circulatory system, and some cases are next detailed in which a close connection between disease of the spleen and of the sexual organs is inferred. Then follows an account of the abnormal state of the blood in splenic diseases, which does not admit of an analysis that would be satisfactory to our readers. The colour of the skin and habitus of the patient are the subjects next considered. The author notices ecchymosis, pemphigus, and pompholyx, as common accompaniments of splenic disease, as also erysipelas, erythema, herpes, and other forms of eruptions. Hemorrhoids, hemorrhages from the stomach and bowels, and melæna, are also frequent in diseases of this organ. The conditions of the urinary secretion claim next attention: then follow the nervous symptoms.

The author enters very fully into a consideration of the complications of the affections of the spleen with the diseases of other organs, and the several forms of fever.

He denies that a morbid condition of the spleen has any specific etiological relation to intermittent fever, as some have supposed, but is invariably a consequence of the latter. In typhus and typhoid fever Dr. H. describes the enlargement and softening of the spleen, as one of the most important symptoms. In yellow fever

the same morbid condition of the organ is occasionally met with, but only as a secondary affection.

Our author describes a form of epilepsy which he denominates *epilepsia splenica*.

Morbid alterations of the spleen, he remarks, are very commonly met with in those who have died from epilepsy, but it would be erroneous from this to conclude that the disease of the spleen had been the cause of the epilepsy. It is, nevertheless, very evident, that congestion and consequent enlargement and hardening of that organ are frequently a consequence of epilepsy; but those cases only are to be considered as those of genuine splenic epilepsy, in which the indications of an idiopathic affection of the spleen precedes the epileptic seizure, and the cure of which is to be effected by a treatment calculated to restore the normal condition of the spleen as well as to remove the disturbance of the nervous system.

The author's consideration of the general treatment of the diseases of the spleen occupies forty-four pages. His remedies are, general and local blood-letting in cases of acute splenitis; rubefacients after depletion and in chronic cases; in these latter, also, caustic applications to produce suppuration; setons, moxa, and the actual cautery; purgatives; in acute cases, the saline articles, laxatives, and enemata; in chronic cases the more active purgatives; in these latter, calomel, iodine, the preparations of iron, the mineral acids, both internally and externally, especially the nitric acid; the aqua chlorica, the hydrochlorate of ammonia; the seeds of the St. Mary's thistle, the *geum urbanum*, the squill; in the atonic condition of the spleen, and the consequent dropsical effusion, gum ammoniac with aloes. The *radix belladonnæ* in small doses is, according to Dr. H., useful in cases of chronic obstruction of the circulation and the consequent intumescence of the spleen; the conium in combination with calomel is also recommended by many writers. The sulphate of quinia is considered by some as an effective remedy in nearly all the chronic forms of splenic disease.

Our author devotes a section to the consideration of extirpation of the spleen as a remedy for certain of its diseased conditions; without, however, recommending or condemning it.

Having finished the general consideration of the pathology and therapeutics of the diseases of the spleen, Dr. H. describes next each form of these diseases specially.

The first of these is a morbid increase of the vital activity of the spleen. *Hyperæmia with consequent hypertrophia and neuralgia*; the 2d. Morbid diminution of the vital activity of the spleen, 1. *Hyperæmia and intumescence with alteration of structure*, and its connection with the production of the fibrinous, fatty, albuminous, and serous crasis, and the petechiæ of Simon, splenic tumour with morbid changes in the lymphatic apparatus. 2. *Atrophy of the spleen, phlebotitia*; 3. *Sehnen fleche*, or the exudation of firm, white, tendon-like, inseparable exudations, which occasionally occur upon the upper surface of the spleen, as well as upon the surface of other organs; 4. *Cartilaginous, bony, and earthy degeneration of the spleen*. Next follow, *Inflammation*—1. *Episplenitis*; inflammation of the capsule; 2. *Splenitis*; inflammation of the substance of the organ, acute and chronic, with its terminations in hepatization, suppuration, softening, and gangrene; 3. *Inflammation of the splenic veins*. After these, emphysema of the spleen, pseudo-morphosis, viz., melanosis, lipoma and steatoma, hydatids and accephalocysts, scirrhus, and tubercles, are considered, and finally, rupture of the spleen, rupture of the splenic artery, with or without the formation of aneurism, rupture of the splenic vein, wounds of the spleen, with some remarks on congenital abnormalities of the organ.

The work of Dr. Heinrich is, to say the least of it, a highly interesting one. It comprises a careful analysis and arrangement of the observations bearing upon the subject of which it treats, furnished from different sources: with an attempt to base upon these a correct pathology of the spleen. We have presented a sufficiently full outline of the author's views on this subject, to enable our readers to judge of their general character; we should have extended our notice, so as to include a fuller exposition, especially, of his account of the particular diseases of the spleen—their history, anatomical phenomena, symptoms, course, effects, and treatment, had it been possible to do so without occupying a space beyond what the importance of the subject merits. After a careful perusal of all the facts adduced by Dr. H., we cannot concede to the pathological condi-

tions of the spleen so powerful an influence in the production and modification of disease as he claims for them. We very much doubt whether it can be shown, that the several morbid states of the organ are other than the effects—often, indeed, very remote ones—of morbid action in other organs, and we must confess that we are without any evidence that the splenic diseases cause any important change in the phenomena thence resulting, or are the means of the still further extension of preceding or concomitant disease. Our author himself confesses, that important changes in the spleen are frequently detected after death, in cases in which not the slightest suspicion of a morbid state of the organ existed during the lifetime of the patient. Again, that it is scarcely possible to meet with a case of splenic disease unattended by some prominent disease of other organs; and, finally, that it is always extremely difficult,—excepting in cases of extensive tumefaction of the organ,—to make out the existence of, or accurately to determine the character and extent of, the several diseased states of the spleen.

D. F. C.

ART. XXII.—*Researches on the Motion of the Juices in the Animal Body.* By JUSTUS LIEBIG, M. D., Professor of Chemistry in the University of Giessen. Edited from the manuscript of the author. By WILLIAM GREGORY, M. D., Professor of Chemistry in the University of Edinburgh. Edited from the English edition. By EBEN N. HORSFORD, A. M., Rumford Professor in the University at Cambridge. 12mo. pp. 99. Lowell, 1848. Daniel Bixby & Company.

THIS is an interesting little work, in which the Giessen Professor, whose name is already familiar to our readers, presents a series of experiments, the object of which is to ascertain the law according to which the mixture of two liquids separated by a membrane, takes place.

In the course of this investigation, the author informs us, that the more intimate study of the phenomena of Endosmosis impressed on him the conviction, that, in the organism of many classes of animals, causes of the motion of the juices were in operation far more powerful than that to which the name of Endosmosis has been given.

The causes here alluded to, are the pressure of the atmosphere, as well as its hygrometric state. These, by influencing the transpiration from the skin and lungs, are essentially concerned in producing the motions of the animal juices—the passage of the digested food through the membranes of the intestinal canal, and its entrance into the blood; the passage of the nutrient fluid outwards from the blood-vessels, and its motion towards the parts where its constituents acquire vital properties.

The general positions assumed by Dr. Liebig are, that the constituents of the food, which have assumed a soluble form in the alimentary canal, mix with the fluids of the body, and in connection with these, are distributed, by the blood-vessels, to all parts of the organism. That the movement and distribution of these fluids, and of all the substances dissolved in them, exclusive of the mechanical cause of the contraction of the heart, by which the circulation of the blood is effected, depend, 1, on the permeability of the walls of all vessels to these fluids; 2, on the pressure of the atmosphere; and 3, on the chemical attraction which the various fluids of the body exert on each other. That the motion of all fluids in the body is effected by means of water, a certain amount of which, in the normal state, all parts of the animal organism contain, and upon the presence of which depend several of their physical properties. That the power which the solids of the animal body possess of taking up water into their substance, and of being penetrable to water, extends to all fluids allied to water, that is, mixible with it. That this permeability to fluids the animal tissues possess in common with all porous bodies, and is determined by the same cause which produces the ascent of fluids in narrow tubes, or in the pores of a sponge—phenomena which we are accustomed to include under the name of capillary action. That the fluid which thus penetrates into the pores of a porous body can be effected by a mechanical pressure, and may be accelerated by increasing this pressure, and by all such

causes as diminish the mutual attraction of the fluid molecules or the attraction of the walls of the pores for these molecules.

All the animal tissues, Dr. L. remarks, have, evidently, pores in certain directions, although these pores are so minute that they are not, in the case of most tissues, perceptible even with the aid of the best microscopes.

According to our author, it is the water which is not chemically combined with the tissues which has the greatest share in the production of the properties which these possess in the fresh state.

The amount of pressure required to cause liquids to flow through the pores of animal textures, Dr. L. has shown to depend on the thickness of the membrane, as well as on the chemical nature of the different liquids. The power of a liquid to filter through an animal membrane bears no relation to the mobility of its particles, for, it is shown by Dr. L., that under a pressure which causes water, brine, or oil to pass through, the far more mobile alcohol does not pass. The capacity of the animal membrane for being moistened by, and its power of absorbing the liquid, have a certain share in producing the result of its filtration through the membrane.

From the experiments detailed by our author, it is shown, that the absorptive power of animal membranes for different liquids is very different: of all liquids, pure water is taken up in the largest quantity; and the absorptive power for solution of salt diminishes in a certain ratio as the proportion of salt increases. A similar relation holds between the membranes and alcohol; for a mixture of alcohol and water is taken up more abundantly the less alcohol it contains.

After showing the phenomena produced when animal membranes saturated with water are placed in contact with alcohol or common salt, the author remarks:—

“The relation of bladder, fibrine, and other animal substances when saturated with water, to alcohol and brine, proves that the shrinking—diminution of volume—of these tissues does not depend on a simple abstraction of water, in virtue of the affinity of alcohol and of salt for that liquid; for it is quite certain that the attraction of alcohol to water, and that of water to alcohol, are respectively equal. The attraction of the water within the tissue for the alcohol without, is just as strong as the power of the alcohol without to combine with the water within. Less alcohol is taken up, and more water given out, because the animal tissue has less attraction for the mixture of alcohol and water than for pure water alone. The alcohol without becomes diluted, the water within becomes mixed with a certain proportion of alcohol, and this exchange is only arrested when the attraction of the water for the animal tissue, and its attraction for alcohol, come to counterpoise each other.”

All fluids which, when brought together, suffer a change in their nature and properties, when only separated by animal membrane, mix together in the pores of the membrane, and a decomposition takes place in its substance.

After considering the phenomena of mixture through a membrane, with change of volume, Dr. L. remarks, that the change of volume does not depend alone upon the different densities of the liquids; the membrane, in consequence of its porous structure, takes a distinct share in the process. The admixture of two liquids of dissimilar nature and characters always, according to our author, depends on a chemical attraction. But while the manifestation of chemical affinity is invariable whenever two dissimilar bodies come in contact, yet chemical combination is not, in all cases, the result of contact. Combination is only one of the effects of affinity, and occurs when the attraction is stronger than all the obstacles which are opposed to its manifestation.

With respect to the change of volume in the two liquids which become mixed through animal membranes, we must consider, Dr. L. remarks, that the moistening or the absorbent power of a solid body, as well as the power of a liquid to moisten other bodies, is modified by the different properties or chemical characters of the liquid. The water absorbed by an animal tissue, when it enters the capillary tubes, exerts, also, by virtue of its attraction for the tubes, a certain pressure, by which the vessels are swollen and enlarged. The particles of liquid in these tubes undergo a counter pressure from the elastic parietes; by which pressure, when the attraction of the liquid particles for the solids is diminished by any new cause, the amount of expelled fluid is increased.

"In all cases, we are told, where a permanent change in the volume of two liquids, separated by a membrane, is observed during their mixture, it is always accompanied by a permanent difference in the nature or properties of the two liquids; and from this it follows, that the molecules of the animal membrane must be, during the mixture, in an alternate state of contraction and swelling, or dilatation; that is, in a *continual motion*."

From the experiments of Dr. L. it would appear, that animal membranes have less power of absorbing a solution of albumen than all other substances; and that a small amount of mineral or organic acids increases the power of transudation of water, as well as of solutions of many organic substances.

The causes which influence rapidity of mixture of two liquids, separated by a membrane, are, according to our author, the thickness of the membrane influencing the velocity with which the mixture formed in the pores and on both surfaces of the membrane changes its place, and the original difference in the quality of the two liquids is renewed. The velocity of transference diminishes with the amount of difference in properties between the two liquids.

"If," Dr. L. remarks, "we suppose the membrane to be difficultly permeable for one liquid, while the other is easily taken up into its pores, and if we reflect, that this second liquid, on entering into the pores of the membrane, in virtue of the attraction of their walls for it, acquires a certain velocity, which permits it to pass beyond the extremities of the canal or of the pores, so as entirely to fill the pores, and to come in direct contact with the liquid on the outside of the pores, it follows, that, when this second liquid moves past the pores with a certain velocity, the absorbed liquid must follow it during the mixture, and there must take place a rapid transference of the second liquid to the first,—a true suction, as if by a pump.

"The animal body is an example of an apparatus of this kind in the most perfect form. The blood-vessels contain a liquid for which their walls are, in the normal state, far less permeable than for all the other fluids of the body. The blood moves in them with a certain velocity, and is kept at all times in a nearly uniform state of concentration by a special apparatus, namely, the urinary organs.

"The whole intestinal canal is surrounded with this system of blood-vessels, and all the animal fluids, in so far as they are capable of being taken up by the parietes of the intestinal canal, and of the blood-vessels situated around it, are rapidly mixed with the blood. The volume of the blood increases, if no compensation is effected by means of the kidneys, and the intestine is emptied of the liquids contained in it. The intestinal glands, through which this transference is effected, and each of which represents a similar apparatus of suction, contain within them two systems of canals,—blood-vessels and lacteals: the blood-vessels are placed next to the external absorbent surface; the lacteals chiefly occupy the central part of the gland. The liquids circulating in these two systems have very unequal velocities, and as the blood moves much faster in the blood-vessels, we perceive how it happens that the fluids of the intestine are chiefly (in quantity and velocity), taken up into the circulation.

"The difference in the absorbent power of the parietes of the intestinal canal for liquids which contain different amounts of dissolved matters is easily observed in the effects produced on the organism by water and saline solutions. If we take, while fasting, every ten minutes, a glass of ordinary spring water, the saline contents of which are much less than those of the blood, there occurs, after the second glass (each glass containing 4 ounces), an evacuation of coloured urine, the weight of which is very nearly equal to that of the first glass; and after taking in this way 20 such glasses of water, we have had 19 evacuations of urine, the last of which is colourless, and contains hardly more saline matter than the spring water. If we make the same experiment with water containing as much saline matter as the blood ($\frac{1}{3}$ to 1 per cent. of sea salt), there is no unusual discharge of urine, and it is difficult to drink more than three glasses of such water. A sense of repletion, pressure, and weight of the stomach point out, that water as strongly charged with saline matter as the blood requires a longer time for its absorption into the blood-vessels. Finally, if we drink a solution containing rather more salt than the blood, a more or less decided catharsis ensues.

"The action of solution of salt is of three kinds, according to the proportion of

salt. Spring water is taken up into the blood-vessels with great rapidity; while these vessels exhibit a very small power of absorption for water containing the same proportion of salt as the blood does; and a still more strong saline solution passes out of the body,—not through the kidneys, but through the intestinal canal.

"Saline solutions and water, given in the form of enemata, exhibit similar phenomena in the rectum."

"Since," remarks Dr. L., "the chemical nature and the mechanical character of membranes and skins exert the greatest influence on the distribution of the fluids of the animal body, the relations of each membrane presenting any peculiarity of structure, or of the different glands and systems of vessels, deserve to be investigated by careful experiment; and it might very likely be found that, in the secretion of the milk, the bile, the urine, the sweat, &c., the membranes and cell-walls play a far more important part than we are inclined to ascribe to them; that, besides their physical properties, they possess certain chemical properties, by which they are enabled to produce decompositions and combinations, true analyses; and if this were ascertained, the influence of chemical agents, of remedies, and of poisons on those properties would be at once explained."

A series of experiments are next presented, to determine the influence of the cutaneous evaporation on the motion of the fluids of the animal body.

"The most general expression, it is remarked, for these experiments and results is this,—that all liquids, which are in connection with a membrane from the surface of which evaporation can take place, must acquire motion towards that membrane. The amount of this motion is directly proportional to the rapidity of evaporation, and consequently to the temperature and hygrometric state of the atmosphere.

"That the skin of animals, and the cutaneous transpiration, as well as the evaporation from the internal surface of the lungs, exert an important influence on the vital processes, and thereby on the state of health, has been admitted by physicians ever since medicine has existed; but no one has hitherto ascertained precisely in what way this happens. From what has gone before, it can hardly be doubted, that one of the most important functions of the skin consists in the share which it takes in the motion and distribution of the fluids of the body.

"The surface of the body of a number of animals consists of a covering or skin permeable for liquids, from which when, as in the case of the lung, it is in contact with the atmosphere, an evaporation of water, according to the hygrometric state and temperature of the air, constantly goes on. If we now keep in mind, that every part of the body has to sustain the pressure of the atmosphere, and that the gaseous fluids and liquids contained in the body oppose to this pressure a perfectly equal resistance, it is clear that, by the evaporation of the skin and lungs, and in consequence of the absorbent power of the skin for the liquid in contact with it, a difference in the pressure below the surface of the evaporating skin occurs. The external pressure increases, and in an equal degree the pressure from within towards the skin. If now the structure of the cutaneous surface does not permit a diminution of its volume, a compression (in consequence of the loss of liquid by evaporation), it is obvious that an equalization of this difference in pressure can only take place from within outwards; first from within, and especially from those parts which are in closest contact with the atmosphere, and which offer the least resistance to the action of the external pressure. Hence it follows, that the fluids of the body, in consequence of the cutaneous and pulmonary transpiration, acquire a motion towards the skin and lungs, which must be accelerated by the circulation of the blood. By this evaporation, the laws of the mixture of dissimilar liquids, separated by a membrane, must be essentially modified.

"The passage of the food dissolved in the alimentary canal, and of the lymph into the blood-vessels, the expulsion of the nutritive fluid out of the minuter blood-vessels, the uniform distribution of these fluids in the body, the absorbent power of the membranes and skins, which, under the actual pressure, are permeable for the liquids in contact with them, are under the influence of the difference in the atmospheric pressure, which is caused by the evaporation of the fluids of the skin and lungs.

"The juices and fluids of the body distribute themselves, according to the thickness of the walls of the vessels, and their permeability for these fluids, uniformly

through the whole body; and the influence which a residence in dry or in moist air, at great elevations, or at the level of the sea, may exert on the health, in so far as the evaporation may be thus accelerated or retarded, requires no special explanation; while, on the other hand, the suppression of the cutaneous transpiration must be followed by a disturbance of this motion, in consequence of which the normal process is changed where this occurs. The pressure which, in consequence of the evaporation, urges the fluids within the body to move towards the skin, is, as may be readily understood, equal to the difference of pressure acting on the surface of the skin."

The author points to the fact that the experiments described in the work before us, in so far as they permit us to draw conclusions as to the cause of the motion of the juices of the animal body, agree in all respects with the observations made on plants by Stephen Hales, more than 120 years since.

The experiments and deductions of Hales are next examined. In the course of these Dr. L. refers to the *potato rot*, which he refers to the same cause as the blight in hops—a stagnation of the juices of the plant in consequence of suppressed transpiration; this latter being the result of a combination of certain conditions accidentally coincident. The cause being the same that in spring and autumn excites influenza, that is, the disease is the effect of the temperature and hygrometric state of the atmosphere, by which, in consequence of the disturbance of the normal transpiration, a check is suddenly, or for a considerable time, given to the motion of the fluids, which is one chief condition of life, and which thus becomes insufficient for the purposes of health, or even hurtful to the individual.

In our notice of the work of Dr. Liebig we have attempted nothing further than a mere outline of the general conclusions deduced by the author from the experiments detailed. To understand fully these views the experiments must be carefully examined and compared with the comments by which they are accompanied. Upon the accuracy of the views of Dr. L., as to the causes of the motion and due distribution of the juices of the animal body, we offer no opinion. To a certain extent they have, no doubt, some foundation in truth. We fear, however, that the zeal of a certain class of modern physiologists to explain the functions of the different parts of the animal organism by the physical and chemical properties of the tissues and fluids which enter into their composition, has led them to forget, that the property of vitality is a very important element in carrying on or controlling most of the organic actions of the living body.

We append the remarks of Dr. Gregory, contained in the preface to the English edition; which it is important to keep constantly in memory, in our investigation of the important subjects embraced in the investigation of Dr. Liebig.

"While it is proved, that the mechanical causes of pressure and evaporation, and the chemical composition of its fluids and membranes, have a more direct, constant, and essential influence on the motion of the animal fluids, and consequently on the state of the health, than has been usually supposed, it is evident that very much remains to be done in tracing that influence under the ever-varying circumstances of the animal body, and in applying the knowledge thus acquired to the purposes of hygiene and therapeutics. But it is equally obvious, that the above-mentioned mechanical and chemical causes are not alone sufficient to explain the phenomena of animal life, since they are present equally in a dead and in a living body, so that, while every advance in physiology enables us to explain more facts on chemical and mechanical principles, something always remains; which, for the present, is beyond our reach, and which may forever remain so."

D. F. C.

ART. XXIII.—*The Nature and Treatment of Deafness and Diseases of the Ear; and the Treatment of the Deaf and Dumb.* By WILLIAM DUFTON, M. R. C. S. Philadelphia: Lea & Blanchard, 1848: 12mo. pp. 120. With a Plate.

THIS little volume commends itself to the profession by the modesty and good sense which characterize it. The author does not profess to have made any brilliant discoveries in the treatment of aural diseases, nor has he endeavoured to

make a huge volume by minutely detailing the structure of all the parts which compose the ear, with a description of their functions; but leaving these to be learned from the various works on anatomy and physiology, and contenting himself with the more practical part of the subject, he has given a short account of the pathology and treatment of the principal diseases of the organ.

The work is divided into three chapters. In the first the author treats of inflammation of the ear generally, both chronic and acute and its consequences. In the second of inflammation, chronic and acute, of particular parts, as well as of the growth of tumours, and the introduction of foreign bodies into the ear. The third chapter is devoted to the consideration of those diseases of the ear which, not being inflammatory, are referred to a particular state of the nerves of the part.

If the knowledge of the nature and treatment of diseases of the ear has not kept pace with the progress of other departments of our science, the fault is to be ascribed as much to the neglect of medical men to devote themselves to the investigation of these affections, as to the inherent difficulties of the subject. The student and country practitioner, who has not the time or opportunity to study the more elaborate works on the subject, will find, in this unpretending volume, much useful information respecting the character and treatment of the principal diseases of the ear.

ART. XXIV.—*Clinical Midwifery; comprising the Histories of five hundred and forty-five cases of difficult, preternatural and complicated Labour. With Commentaries.* By ROBERT LEE, M. D., F. R. S., Physician to the British Lying-in Hospital and St. Marylebone Infirmary, Lecturer on Midwifery at St. George's Hospital. First American from the second London Edition. Philadelphia, Lea & Blanchard, 1849: pp. 235, 12mo.

THIS volume consists of a series of eight Reports, comprising, as the author states, the most important practical details of all the cases of difficult parturition which have come under his observation during the last fifteen years, and of which he has preserved histories. They have been collected and arranged for publication, in the hope that they may be found to illustrate, confirm, or correct the rules laid down by systematic operators for the treatment of difficult labours, and supply that course of clinical instruction in midwifery, the want of which has been so often experienced by practitioners at the commencement of their career.

A volume containing the practical experience of so competent an observer as Dr. Lee could not be otherwise than valuable, and we commend this one to the profession as being a storehouse of valuable facts and precedents, to which they may refer to with confidence in cases of difficulty.

The first Report contains observations on the present state of operative midwifery; and a succinct account of all the cases (eighty) of difficult parturition, which have fallen under the author's observation, in which the midwifery forceps was employed, or it had been proposed to have recourse to it, with a view of illustrating the various circumstances which render it necessary to employ this instrument, of determining the positive good we derive from it, and the injurious consequences which result when it is rashly and injudiciously applied.

The second Report is devoted to an account of difficult labours from distortion of the pelvis, swelling of the soft parts, convulsions, hydrocephalus in the fœtus, and other causes, in which delivery was effected by the operation of craniotomy.

The third Report treats of the induction of premature labour in cases of distortion of the pelvis; cancer of the gravid uterus; uterine and ovarian cysts and tumours; organic and nervous diseases of the heart; dropsy of the amnion; obstinate vomiting; hemorrhage from the bowels; chorea and insanity during pregnancy.

The fourth report contains the histories of one hundred and one cases of preterm labour.

The fifth report comprises the histories of sixty two cases of placental presentation.

The sixth Report embraces the histories of forty-four cases of uterine hemorrhage in the latter months of pregnancy, during labour and after parturition.

In the seventh Report are given the histories of thirty-five cases of retention of the placenta.

The eighth and last Report comprises the histories of forty-eight cases of puerperal convulsions.

From the above *catalogue raisonnée* of the contents of this volume it will be perceived that it embraces most of the cases of difficulty which present themselves to the obstetrical practitioner; and coming as it does with the high authority of Dr. Lee's name, it is unnecessary for us to say anything further in its commendation.

ART. XXV.—*The Principles and Practice of Medicine, in a Series of Essays.* By JOHN W. HOOD, M. D. "By the union of study and practice, we attain a knowledge of the profession." 8vo. pp. 263: Philadelphia, Thomas, Cowperthwait & Co., 1848.

ONE original medical work, remarks a late writer, even though replete with faults, is of more value than all the well executed compilations which the press pours forth annually. Admitting the truth of this dictum, there will be little difficulty in arriving at a correct appreciation of the value of the *Principles and Practice of Medicine* of Dr. Hood. The author is no "retailer of other men's opinions;" finding no light from books to direct him in his investigation into the causes, nature, and treatment of diseases, he discarded them at once, making nature alone his study. And "from the teachings of the animal economy in post-mortem examinations, and the effect of morbid and remedial agents in clinical observations," he has derived principles that give to the work before us, in which they are embodied, a greater amount of originality than any other that has appeared for a long time can justly claim.

In pathology, the leading position of Dr. Hood is, that the source of a numerous class of diseases is an error loci of the abdominal viscera—their being forced, by various causes, from their natural positions.

Upon this simple proposition he has founded an entire system of pathology, explanatory of the causation of nearly all the diseases to which the human organism is liable, "hidden for ages from the wise and skillful" of our profession, and now brought forward in a form designed to enlighten "the obscurity of our science," and take the place of the "fine spun theories" which have heretofore "misled the weak and obscured the pathway of the medical student."

The manner in which Dr. Hood was led to a knowledge of the true pathology of a long list of the most frequent and, heretofore, least manageable diseases the physician is called upon to treat, is at once curious and instructive. We give it in his own words:—

"In the second year of my professional career, I was called to attend a case of bilious colic, and, after exhausting the remedies that are usually applied, the possibility of relief was suggested by reversing the erect position, or suspending, for a few minutes, the patient by the feet. A successful trial in a similar case had been witnessed, and, as the usual remedies in this had failed, I directed the experiment to be made. The patient at the time was covered with a cold clammy sweat, and on the change of position, and immediately after the concussion given by the operators, a quantity of gas escaped—a free alvine discharge was made from the bowels, and in twenty minutes the patient was entirely relieved from the symptoms of colic."

In this *naïf* statement of our author, we perceive the importance of an admonition given, if we recollect right, by Dr. Rush, never to despise the prescription of even an ignorant nurse. It has perhaps been the fruit of much experience, and though often injudiciously administered by unprofessional hands, it may nevertheless become, when carefully adapted to the proper cases and periods of disease, a valuable addition to our remedial agents. Not only has Dr. Hood found that to "invert the body or elevate the hips" is a useful remedy in ordinary constipation, but from the effects of this "heels over head" mode of curing bilious colic, his

mind was directed to a series of inquiries resulting in the pathological discoveries, a synopsis of which is given above. Truly may it be said, in the language of our author, "that if the profession could be made familiar with the natural laws of life, and with the organs, *their position*, and functions, it would lead to a better adaptation of our remedial agents, and a more certain relief to the afflicted."

The causes of disease having been thus traced to displacement of the abdominal organs, "the treatment is simple, as the indications are easily made out."

"One of the most important is to remove the antecedent cause, and restore the displaced organs to their primitive position, and give support to the abdominal muscles, whose normal condition is requisite to maintain their restoration. Mechanical agency, then, being the first indication, medicinal agents may be given in accordance, as the different stages of the disease may indicate."

Dr. Hood has devised a variety of pads, and trusses, and supporters, which had before been never dreamed of, and has applied them to the treatment of a great variety of cases, in which it was never before supposed they could be of any use.

We fear that after all the trouble Dr. Hood has undergone in the composition of these essays, and the pains we have taken to present a sketch of their teachings, to our professional brethren, they will be esteemed as of little value in their sight.

There may be even some who will affect to believe that the essays of Dr. Hood have been written, and his theory of disease invented, solely for the purpose of recommending certain mechanical instruments of support which he has invented, and of which he would fain dispose.

D. F. C.

ART. XXVI.—*The Principles and Practice of Modern Surgery.* By ROBERT DRUITT, F. R. C. S.—*A New American, from the Last and Improved London Edition.* Edited by F. W. SARGENT, M. D., Author of "Minor Surgery," &c. Illustrated with 193 wood engravings. Philadelphia: Lea & Blanchard, 1848: pp. 576, 8vo.

THE fact that this work, in little more than six years, has gone through four editions in England, and we believe a like number in this country, is sufficient evidence that it has met the wants of students and fulfilled the objects of its publication. We must not, however, allow this opportunity to pass without noticing the great improvements introduced into the present edition. The extensive circulation which the work has had, has stimulated the author to renewed exertions to render it more worthy of the favour bestowed on it. "The labour of such a revision as was necessary to bring this edition up to the present level of surgical knowledge," the author states in his preface—"short as has been the interval between it and the preceding edition—has been very little less than that required for the original composition of the work. It is, as Dr. Johnson observed, very difficult to alter without leaving a blot; and therefore, wherever extensive alterations have been required, I have thought it best to write the whole passage afresh." We observe numerous additions to the practical parts of the work, and the introduction of many wood engravings.

The editor has performed his part with judgment. His additions consist of notices of the results of the skill of American surgeons, and the introduction of a very large number of illustrations.

We do not know any other treatise on surgery of the same size which is so copiously illustrated as this, or which contains an equal amount of sound surgical doctrine and practice; and we are sure it will continue to be a favourite text-book with students.

ART. XXVII.—*A System of Human Anatomy, General and Special.* By ERASMUS WILSON, M. D., Lecturer on Anatomy, London. Fourth American from the last London edition. Edited by PAUL B. GODDARD, A. M., M. D., Prof. Anat. and Histology in Franklin Med. College: with two hundred and fifty-one illustrations by Gilbert. Philad.: Lea & Blanchard, 1848.

THE extraordinary favour which this work has received, notwithstanding the numerous others extant on the same subject, affords the strongest proof that it possesses real merits. In less than eight years it has gone through four unusually large editions in England, and an equal number in this country. That this success is deserved, no one, we believe, will question. Dr. Wilson's work possesses, indeed, all the qualities required for a text book of anatomy. Its arrangement is good—the descriptions are remarkably lucid, perspicuous, and concise; and the illustrations numerous and distinct. These illustrations have, with very few exceptions, the merit also of being original, and are from dissections prepared expressly for this work. In each successive edition the author has availed himself of all the recent observations and discoveries in anatomy which have interest, and he has thus endeavoured to distinguish his volume as "the Record of the Profession at large, and not as the text-book merely of a particular school."

The editor has written an introductory chapter on histology, and added a large number of new cuts—among others, an important series on the nerves.

The publishers have also done their part well, and given to the work all the advantages of the best typographical execution; indeed, it has more the appearance of an edition *de luxe* prepared for the bibliopolists, than a text-book for anatomical students.

ART. XXVIII.—*A complete practical work on the Nature and Treatment of Venereal Diseases and other affections of the Genito-Urinary organs of the male and female. Illustrated by a great number of beautifully coloured plates; and many finely executed illustrations on wood.* By HOMER BOSTWICK, M. D., &c. New York: Published by Burgess, Stringer & Co., 1848: pp. 348, 4to.

A Treatise on the Nature and Treatment of Seminal Diseases, Impotency, and other kindred affections: with practical directions for the management and removal of the cause producing them: together with hints to young men. Illustrated by numerous engravings. By HOMER BOSTWICK, Surgeon. Second edition. New York: Burgess, Stringer & Co., 1848: pp. 251, 12mo.

THE aim of the author of these works, we are led to suspect, is to obtain *notoriety*, not *fame*; the motive which prompted to their publication, the acquisition of pelf, not the communication to the profession of useful information of which it was previously not in possession. The author appears entirely to have mistaken the noble mission of the physician, which is to alleviate human sufferings and to cure disease, wholly irrespective of any sordid motives. Having said enough, we hope, to prevent our readers being imposed upon, we shall not notice these works further, as we believe we can better fill our pages than by occupying them with an exposition of plagiarisms and inaccuracies, which latter not being put forth with the sanction of a name to give them any weight, are not likely to do mischief.

QUARTERLY SUMMARY

OF THE

IMPROVEMENTS AND DISCOVERIES

IN THE

MEDICAL SCIENCES.

ANATOMY AND PHYSIOLOGY.

1. *On the Spleen.* By Drs. VERGA and TIGRI.—Dr. VERGA detailed to the *Scienziati* at Venice the results of his multiplied experiments upon the removal of the spleen of cats, dogs, &c. He arrived at the following conclusions:—1. Nature does not constantly provide animals who have been deprived of their spleens with a new one, nor with a greater development of the liver, the thyroid body, the omentum, or the mesenteric glands. 2. Obesity, salacity, or sterility, are not constant or frequent effects of its removal. 3. Among the least unfrequent phenomena is to be noted during life, a greater vivacity, conjoined with a tendency to tabes, notwithstanding a keen appetite; and after death various alterations in the liver.

Dr. Verga was opposed to considering the spleen as performing a mere mechanical office, as a diverticulum of the blood in the case of impeded circulation; but still he was desirous of giving some account to the congress of Dr. Tigri's researches, who had discovered in a special condition of the vessels of the human spleen—a mechanism which he termed a "compensator for the circulation." He found, as far as the eye and the scalpel could pursue them, that the splenic arteries and veins always ran within a common, inextensible cellular sheath, the veins being four or five times larger than the arteries, and in good part surrounding the calibre of these; the parietes of both vessels being so thin as to allow of the action of the fluid they contain being reciprocally felt. When a too large influx of blood upon the spleen takes place, therefore, the veins compress the arteries and impede a farther flow. Dr. Tigri was surprised to find that in the *horse* the veins and arteries ran at some distance from each other; but this fact, which seemed at first to oppose his theory, was found to support it, when he discovered that nature, besides having given the vena portæ in this animal a valve, as first shown by Ernest Weber, has likewise furnished the veins leaving the spleen with valves, so that a regurgitation of blood into the viscus is prevented.

Dr. Verga mentioned, that in removing the spleen in cats and dogs, we may divide the duplicature of the peritoneum, connecting it to the stomach, without tying any of the small vessels into which the arteries and veins are there subdivided, these not giving rise to any important hemorrhage.—*Brit. & For. Med. Chirurg. Rev.*, October 1848, from *Gaz. Med. di Milano*, 1847, No. 47.

2. *On the Capillary Circulation.* By M. BOURGERY.—In addition to the capillary or intermediary system of vessels at present admitted by anatomists, and which M. Bourgery considers as constituting a mere anastomosis between the arterial and venous radicles, unconnected with the vital changes going on in the tissues, the author describes a circulation of *capilliculi*, forming a diverticulum of the general circulation, and pervading more minutely than the capillaries, the ultimate elements of every organ. These he looks upon as the proper and *special organic*

circulation, by which, in different organs, the functional changes of secretion, nutrition, &c., are carried on. The *general* circulation in itself, does not produce any functional changes, but merely preserves unbroken, and independent of the activity of the special circulation, the progressive movement of the blood, which at all times passes over in part from the arterial to the venous system, through the capillaries; while the *capilliculi* receive a part of it for elaboration in the special tissues to which they are destined. These capilliculi (the size is not stated) are impervious to all particles which are not in solution; the blood-corpuscles do not pass through them; nevertheless they may always be traced, varying in disposition according to the organ or tissue in which they are situated. For the most part they are tolerably uniform in size; but they may be observed, on the one hand, to pass into vessels still more minute (not equal to the half, third, or fourth part of the diameter of a blood-corpuscle); and, on the other, into the ultimate lymphatic vessels, which again communicate, by innumerable minute passages, with the venous system.

M. Bourguery conceives that this scheme of the circulation completes, without abrogating, that of Harvey and the majority of physiologists. On the one hand, it admits a general circulation of the kind described by Harvey, which is permanent and complete in the circle which it describes; in the other, it asserts an extension of this by an infinite number of partial or functional circulations, isolated from each other, but connected by means of the general circulation, and in their united capacity very much exceeding the latter. These partial circulations are special and heterogeneous in their function and distribution, and are only periodically active; the only exception to this being in the lung, where the special may be considered as subserving a mechanico-chemical function; and being properly a function or complement of the general circulation, is, like it, permanent and complete.—*Comptes Rendus*, Sept. 4, 1848.

[We have endeavoured to express what appears to be the author's meaning, although the involved and inexact style in which the conclusions are given, renders it, in some instances, not a little difficult to be assured of having done so correctly. MM. Magendie, Flourens, Serres, and Milne-Edwards, have been appointed to examine into the author's facts. Should they find any reason to suppose these correct, we would suggest the question, how the change in the *colouring matter* of the blood, which apparently does not pass through this new system of vessels, is effected; and also, what are the forces which determine the passage of the fluids through these vessels; as it can scarcely be supposed that the force of the heart, which is constantly exerted to maintain the general circulation through the very free *anastomosis* of the capillaries, should be the active agent of propulsion through this partial and occasionally active system of vessels.]—*Monthly Retrospect*, Dec., 1848.

3. *On the Action of the Pancreatic Fluid.* By M. CH. BERNARD.—The author of this paper concludes from his experiments that the pancreatic secretion is essential to the reception of fatty matters into the system. He found that it immediately produces an emulsion, when mixed with oily substances; a property which is not possessed by any other animal fluid. The first action seems purely mechanical; but after a time a further change takes place, the fats being decomposed into their fatty acids and glycerine. In this state the bile, which does not act on the neutral fats, will readily take them up; and thus a mixture of bile and pancreatic juice, such as is found in the duodenum, has the double power of dissolving the neutral fats and the fatty acids. The author has found that if the pancreatic ducts be tied, no fatty matters find their way into the chyle.—*Brit. & For. Med.-Chirurg. Rev.*, October 1848, from *L'Institut*, Mai 3, 1848.

4. *Note on one of the Anomalies of the Right Subclavian Artery, with Absence of the Recurrent Nerve of the Right Side.* By M. DEMARQUAY.—Anatomists and surgeons have remarked with great care, all the anomalies of origin and of distribution which the right subclavian artery can present. It is not my object here to record them. I desire only to draw attention to a curious fact which accompanies one of these anomalies; and to speak of the absence of the right recurrent nerve, when the subclavian artery of the same side arises from the left

part of the aortic arch, in place of arising from the brachio-cephalic trunk as usual. When the right subclavian artery arises from the left part of the aortic arch, it directs its course to the right side, either by passing in front of the trachea, as Professor Blandin has observed; or behind it, or behind the œsophagus, to restore itself to its normal position. In these various circumstances, he (Professor Blandin) was curious to know what became of the nerve. Is it alike reflected on the artery, or did this anomaly of origin bring with it a modification in the nerve? This it was which I verified for the first time, in 1843, in a preparation which may be seen in the museum of the school.

In this case the subclavian artery passed from left to right, and after having taken its origin from the left part of the arch of the aorta, passed between the œsophagus and the vertebral column, and thus reached the space between the scæleni. In this case, which has been recorded in Professor Cruveilhier's "Treatise on Anatomy," there was absence of the inferior laryngeal nerve. Since then, I have had occasion to examine another subject in which the same arterial peculiarity existed, and where there was alike absence of the recurrent nerve. In these two anomalies, this is the character of the pneumogastric:—it occupies the normal position; from its internal part are given off a great number of nervous filaments, which are distributed to the larynx, to the inferior part of the pharynx, to the trachea, and to the œsophagus. All these nervous filaments, destined to replace the inferior laryngeal nerve, pass under the common carotid artery; some before this vessel, to distribute themselves to the parts which they are destined to innervate. These small nerves which supply the trachea and œsophagus with nervous energy, are on the whole alike in volume to those which normally furnish the recurrent. As for their length and direction, they are a little different, being longer and directed more transversely. The nerves which furnish usually the recurrent to the larynx, come, as in the case which occupies us, from the pneumogastric; this latter affords to the level of the larynx, a branch so voluminous, that it might be considered a veritable recurrent nerve; and which arrived at the inferior part of the larynx, is in every respect disposed of in the same way as the termination of inferior laryngeal nerve, a termination so well studied by Professor Blandin. The cardiac nerves furnished ordinarily by the recurrent, are given off by the pneumogastric.

Dr. Demarquay then observes, that in a functional point of view this anomaly is of no moment, justly remarking that in certain operations, as in tying the common carotid, it might occasion great embarrassment to the surgeon, and then concludes as follows:—

Such, then, are four cases where the abnormal origin of the right subclavian brings with it an important modification of the nervous vagus. Are these, then, accidental cases, or are they the sign of a phenomenon, always persistent when the subclavian (right) artery arises from the left part of the aortic arch;—and does this induce absence of the recurrent nerve? This I would not venture to say: further observations must prove it.—*Prov. Med. & Surg. Journ.*, Oct. 18, from *Gaz. Méd. de Paris*, Sept. 9.

5. *On the Chemical Phenomena manifested by different substances introduced into the Organism.* By M. BERNARD.—The author has performed a very extensive series of experiments, of which the conclusions may be stated shortly as follows:

1. Certain combinations of metals, which take place readily out of the body, and even in the gastric secretions, are prevented from occurring in the blood, and other animal fluids, by the affinities of the metal for organic matter. This proposition was drawn from observations on the reactions of a salt of iron with prussiate of potash.

2. Certain chemical reactions of the nature of fermentation (*e. g.* amygdaline with emulsine, sugar with yeast), which commonly do not take place in the stomach, are easily developed in the blood.

3. When salts of certain acids, whose affinity for bases is feeble (as the hydrocyanic and the carbonic), are injected into the veins, they are decomposed, and the acid is liberated; the decomposition in these cases appearing to take place in the capillaries of the lung.

4. Certain salts (such as the prussiates of potash and the salts of iron) appear

to pass in the stomach from a lower to a higher, and in the blood and urine from a higher to a lower, state of oxydation.

[The extreme interest attaching to M. Bernard's individual experiments, induces us to give an analysis, in the present and the next Number, of such of them as appear to lead directly to the above results.]

First Series.—After a number of experiments, which were vitiated by the difficulty of procuring a salt of iron which could be injected in the veins of an animal without fatal consequence, M. Bernard discovered that the lactate of iron was quite innocuous when used in this way. He then caused a simultaneous injection of lactate of peroxide of iron, and of prussiate of potash, to be thrown into different veins in the same animal. The result was surprising. Instead of the blue colour, which might have been expected, the blood and the tissues of the body experienced no apparent change whatever; the only exception being the pyloric extremity of the stomach, where a vivid blue colour was developed. The experiment was repeated several times, with similar results. In one instance only the urine presented a dingy blue colour; in all the experiments, however, a few drops of strong sulphuric acid added to the urine produced a copious precipitate of Prussian blue. These results were not affected by the acid or alkaline character of the urine itself.

The conclusion from these experiments was, that the double decomposition here indicated could only take place in two situations, viz., in the stomach, and occasionally to a slight extent in the urine. That the absence of the blue colour did not result from the insignificance of the quantities employed, was proved by another experiment. Into the veins of one rabbit the ordinary quantity of prussiate of potash in solution was thrown, and after some minutes the animal was bled. In another rabbit lactate of iron was injected, and bleeding likewise performed. On mingling the serum derived from these two rabbits, no reaction took place; nevertheless the one serum was easily proved to contain iron, and the other prussiate of potash. On adding now to the mixed serum of the two animals a few drops of sulphuric acid, the blue precipitate was instantly produced. The action of the urine of the two rabbits when mingled, was precisely similar to that of the serum. It was different, however, with the gastric fluid. On washing the coats of the stomach in the two animals, acid liquids were procured, which, on being mingled, gave rise to a blue colour immediately.

That this difference between the gastric and the other fluids was not due solely to acidity, was shown by the fact, that the urine presented the same phenomena, whether acid or alkaline, as above stated.

Having determined these facts, M. Bernard next proceeded to try the effect of the direct addition of the salt of iron, and afterwards of the prussiate of potash, to serum, urine, and gastric juice. In the first two he found that, except in the case where an acid was added, or large quantities of the re-agents used, there was no blue precipitate, while in the last the blue colour always appeared. When, however, the precipitate or potash was added first to the fluids, and afterwards the iron salt, the blue colour was immediately produced in the whole.

M. Bernard accordingly concluded, that from the attraction of iron for animal substances, it is prevented from developing its usual relations with prussiate of potash, when both these substances are injected into the blood; but that if a strong acid be added to animal matter containing these salts, this affinity for the animal matter is destroyed, and the several chemical relations are established. This does not take place, however, on the addition of phosphoric, acetic, or lactic acids.

The peculiarity of the gastric juice in these experiments is explained by the author, on the ground of the small quantity of organic matter in it being less than any other secretion in the body. [May not the existence of free muriatic acid be a more valid explanation?]

The tendency of iron to combine with the tissues, is further illustrated by M. Bernard in three experiments. In the first, a solution of lactate of iron was introduced into the cellular tissue of the neck, and a similar quantity of solution of prussiate of potash into the right thigh. A blue colour soon became developed in the former situation, while the thigh retained its natural colour. In the second experiment, the salt of iron was introduced into the thigh, and prussiate of potash was injected into the veins; the blue colour became developed in the thigh. In

the third experiment, the salt of potash was introduced into the cellular tissue, and the iron-salt into the veins. In this case there was no blue colour developed.

It is obvious from these experiments, that the prussiate of potash circulates rapidly in the general mass of the blood, even when introduced into the system by a wound in the integuments; while the iron seizes on the tissue with which it is placed in contact, from which it is very sparingly absorbed into the circulation. Thus the mixture of the two salts is not effected, except at the point of introduction of the iron.

Second Series.—The author next proceeded to determine if the blood presented any obstacle to the establishment of certain catalytic reactions, which take place with facility external to the organism. The action of emulsine on amygdaline is favourable for this purpose, inasmuch as a highly poisonous substance is instantly generated by their union. The experiments of M. Bernard satisfactorily determine, that the injection of these substances into the circulation, simultaneously, or at a short interval, causes death, with the usual symptoms of poisoning by prussic acid, and with the evolution of a strong smell in the breath of oil of bitter almonds. The injection of either of the substances separately, on the contrary, gave rise to no fatal results.

The action of diastase on starch in the blood might naturally be expected to be a good subject of experiment. But the serum of the blood has the singular property of producing the transformation of starch into sugar; hence experiments on this head were not instituted.

The transformation of sugar into alcohol, by means of yeast, was the next subject of experiment. In two animals (a dog and a rabbit), cane sugar and yeast were simultaneously introduced into the circulation in considerable quantity. Both animals died. The urine of the rabbit alone was examined; it remained quite free of sugar (which, under ordinary circumstances, passes with great ease into the urine). The symptoms in both animals were those of a marked typhoid condition, with fever and extreme debility; the rabbit died in less than twenty-four hours, the dog on the third day. The morbid changes were, in both animals, injection, ecchymosis, ulceration of the stomach, ecchymotic patches in the small intestine, and a dark imperfectly coagulated state of the blood. In both cases (a sufficiently singular fact) the pancreas was diseased, the orifice of its ducts being tumid and red; its substance in the rabbit red and inflamed; in the dog, the seat of numerous small abscesses. These facts appear to indicate a special poisonous action, exercised by the alcoholic fermentation upon the animal organization; and also to prove that the change of sugar into alcohol may occur within the circulation.

Third Series.—The rapidly fatal effect of cyanuret of mercury, when introduced into the stomach, is readily explained by the action of the gastric juice, which, even externally to the body, decomposes it, setting free hydrocyanic acid. The action of this salt, when introduced into the veins, on the contrary, cannot be explained by the action of the blood upon it; as, out of the body, no decomposition takes place. Nevertheless, on injecting the cyanuret of potassium into the veins of an animal, a poisonous effect, similar to that of prussic acid, is produced; and the odour of prussic acid is exhaled from all the tissues.

Where, then, does this decomposition take place? As all the acid fluids of the body present a reaction similar to the gastric juice, M. Bernard performed the following experiment, to exclude the possibility of the decomposition taking place in the stomach or urinary passages. The stomach, kidneys, and bladder, were removed from a live dog. A solution of cyanuret of mercury was then injected by the crural vein; in half a minute the animal began to respire with difficulty, and died soon after, convulsed. All the tissues were impregnated with the odour of prussic acid; yet in no place could an acid fluid be found. [Were the contents of the cæcum examined? It appears to us that their well-known acidity forms an objection to this experiment.]

With the view of discovering whether this reaction took place in the systemic capillaries, the author now isolated the thigh of a dog from all communication with the rest of the body, leaving only the artery and vein entire. He then injected by the artery a sufficient quantity of cyanuret of mercury, and shortly afterwards drew blood from the vein. The blood contained abundance of the salt, but no trace of prussic acid; the tissues of the thigh were in a similar condition.

From this experiment, M. Bernard judges that the systemic circulation is not engaged in the decomposition of the cyanurets; he therefore, by way of exclusion, ascribes this decomposition to the pulmonic circulation.

Certain bicarbonates are decomposed in the blood when passing the capillaries of the lung. Thus, if a large quantity of solution of bicarbonate of soda be injected into the veins of a rabbit, the animal dies suddenly, and, on dissection, there is found air in the division of the pulmonary artery, and sometimes even in the ventricles of the heart. The lungs also are emphysematous and distended. These results are not produced if the same salts are introduced gradually.

Fourth Series.—The experiments of this series are not so important as to require detailed notice; they consisted simply of an examination into the effects of different animal fluids, on the state of oxydation of the ferrocyanurets of potassium, and the salts of iron.—*Monthly Journ. Med., &c.*, July and Aug., 1848; from *Archives Générales de Médecine*, Jan. and Feb., 1848.

ORGANIC CHEMISTRY.

6. *On the Acidity and Alkalinity of certain of the Human Fluids in the state of Health and Disease.* By M. ANDRAL.—In their physiological conditions, each of the humours of the body presents a certain degree of acidity or alkalinity; and the spontaneous transformation of a naturally acid fluid into an alkaline one, or *vice versa*, never takes place in the healthy organism. The utmost that can occur in this respect, is the rendering the fluid temporarily neutral by great dilution, as in the case of excessive perspiration—the water then being abstracted from the blood in larger proportion than the other principles. However this may be in health, the opinion is very generally entertained that in disease such chemical change in the humours does often take place; and the object of this paper is to investigate its accuracy.

Of all the fluids of the economy, the *serum of the blood* is the most decidedly alkaline; and whatever the nature of the disease or its duration, in which M. Andral has examined this fluid, he has never found the intensity of this reaction sensibly vary. Vogel quotes a case of metro-peritonitis from Scherer, in which the serum of the blood is said to be perfectly neutral, but adds, that he himself had never met with anything similar. If blood is examined after death, any acidity then found is the result of decomposition, and not the effect of disease. In examining the condition of fluids formed from the blood, it should be borne in mind that upon the same surfaces liquids possessed of different reactions may be found; so that the accidental predominance of one of these fluids may easily be mistaken for a change in the reaction of another. Thus the *sweat is acid*, but the *sebaceous matter is alkaline*. In the very various conditions in health and disease under which M. Andral has examined the sweat, he has found it generally acid, sometimes from dilution neutral, never alkaline; but at the same time, at some parts of the skin, where sebaceous follicles abound, as the axilla and other hairy parts, an alkaline reaction may exist. It is evident, then, that the sweat is not a simple escape of the serum of the blood, charged with certain of its principles, for then it would be alkaline; and if the skin be irritated by blisters and the like, the fluid consequently effused will be found decidedly alkaline. So is the fluid found in herpes, eczema, pemphigus, &c., vesicular diseases preceded by more or less congestion of the skin; and it is remarkable that the contents of *sudamina*, which unlike these are preceded by no congestion, are acid, being also destitute of albumen, which is found in the others. Although sudamina are usually accompanied by excessive sweating, cases of typhoid fever are sometimes met with where this is not the case.

Still more remarkable is the difference of the reactions of the various fluids found on *mucous membranes*, giving rise to considerable chance of error. Throughout their whole extent, they furnish, like the skin, an acid principle, which exists in the transparent fluid, destitute of globules, which they normally separate from the blood; but when this fluid is replaced by one of an opaque appearance and containing globules, secreted under the influence of acute or chronic inflamma-

tion, the reaction becomes decidedly alkaline. Few animal fluids are so strongly alkaline as that furnished in coryza; and in bronchitis the acid and alkaline are not unfrequently found together, and yet remaining quite distinct in their transparent and opaque forms. The mucous membrane of the *mouth and tongue*, too, offers varieties of condition. Examined in the morning, before food is taken, in the vast majority of cases, the fluid covering it is acid, but examined later in the day this is found to be alkaline. In the first case, it is due to the presence of the mucus; in the latter to that of the saliva. The acidity of the mouth is then no indication of a morbid condition of the stomach, occurring as it does in the healthiest persons, and in every variety of disease, and being distinct in proportion to the length of time food has been abstained from, and the secretion of the salivary glands has remained unexcited. The mucous membrane of the *stomach*, examined after death, generally furnishes an acid, sometimes a neutral, but never an alkaline reaction; and this whether it yet contains the remains of food, or whether digestion has been long suspended. How are we to reconcile this with the results of experiments which declare the fluids of the organ to be alkaline, save when stimulated by the presence of food or foreign bodies? This is not the case in *man*: for in the most opposite forms of disease the author has found acidity; and the great majority of matters rejected during life manifest the acid reaction. It is not rare to find this also in the duodenum and upper portions of small intestine; although these are often rendered alkaline by the arrival of the fluids from the liver and pancreas. Throughout the large intestine there is always marked alkalinity. The *tears* and *saliva* have always been found by M. Andral alkaline; and he believes that when this latter fluid has been said to be otherwise, that of the mucous membrane has been mistaken for it. Thus, in the very cases furnishing an acid reaction, if we, by means of a sapid body, excite the flow of the saliva, we immediately find this alkaline. "And thus falls to the ground one of the principal arguments which has been adduced in support of the theory which regards glucosuria as resulting from the acidification of the blood or other humours of the economy."

In a state of health, *urine* which has not remained too long in the bladder, and is examined soon after voiding, is always acid, although such acidity may become much enfeebled, or even neutralized, if very abundant drinks be taken without corresponding diaphoresis. Circumstances may render the urine temporarily alkaline, as the taking of alkalies, or the prolonged use of exclusively herbivorous aliment. The privation of food, however long, does not remove the acidity of the urine; but it is a curious fact, that in some convalescents we find the urine become temporarily alkaline when they commence a better diet. Nor does disease render the urine alkaline. Multiplied as have been the author's observations upon this point, he has never met with a case in which the urine, from the influence of the disease itself, left the kidneys in an alkaline state; and he feels convinced that the statements which have been made to the contrary are founded in error. It has been said that diseases of the spinal marrow have this effect; but, in fact, the urine never becomes alkaline in these, until the mucous membrane of the bladder is diseased. It is not then an alteration of secretion, but a purely chemical one; the urine becoming decomposed and ammoniacal, from coming in contact with pus and other morbid products. *Pus*, whatever its source, is always alkaline, consisting as it does of the serum of the blood, amidst which special globules are developed; and this, as well as other morbid secretions, never becomes acid, except after long exposure to the air.

The immutability of the secretion of the acid and alkaline principles of the animal fluids is then a law of both their physiological and pathological conditions; and it must be a very important one, seeing that it persists without any exception, save one of a very temporary character, in respect to the influence of alimentary substances in the urine.—*Brit. & For. Med.-Chirurg. Rev.*, October 1848, from *Gaz. Médicale*, 1848, No. 28.

7. *On certain forms of Alkaline Urine.* By Dr. G OWEN REES.—In a case of extrophy of the urinary bladder, Dr. Rees had an opportunity of observing the condition of the urinary secretion before and after contact with the mucous membrane of the bladder. He found that, when tested as it flowed from the extremi-

ties of the ureters, it had a normally acid reaction; but that as it trickled, drop by drop, over the mucous membrane of the bladder, it became rapidly alkaline, from the admixture of a copious alkaline mucus which was secreted from the exposed membrane. Dr. Rees conceives the alkaline secretion to be thrown out for the protection of the irritable membrane of the bladder, and thinks that a certain number of cases of alkaline urine are due to the stimulating effect of an originally acid secretion upon the genito-urinary mucous membrane, which from some cause, secretes an excessive quantity of alkaline fluid. He explains the effect of alkaline remedies, in some instances, in removing the alkalinity of the urine, on the supposition that the urine as secreted, being reduced nearly to the neutral condition, is thereby deprived of all irritating properties, and is enabled to pass over the genito-urinary mucous membrane without exciting any alkaline discharge to affect its properties secondarily. The distinction between such cases of alkaline urine and others, is only to be effected by attention to the history and symptoms; and by chemical and microscopical examination of the urine.—*Medical Gazette*, April, 1848.

8. *Characters of the Urine in Bright's Disease.* By A. B. GARROD, M.D.—In the early stages, or acute form of this disease, albumen appears to be thrown out, in addition to the ordinary urinary constituents, and with it we frequently find the colouring principles or globules of the blood. Hence the specific gravity is usually high, the amount of secretion diminished, and frequently a deposit of urates takes place on the cooling of the fluid. Even in this stage, however, the urea is deficient; at least, the total amount eliminated in the twenty-four hours; and this principle is found to be retained in the blood. As the disease advances and becomes chronic, the character of the urinary secretion greatly alters, the albumen often becomes less in amount, and the total quantity of solids is also much diminished, and hence the urine is of low specific gravity, paler in colour, and generally slightly opaline, an appearance due to the suspension of certain insoluble matters consisting of the cylindrical lining of the urinary tubules, fat globules, epithelium scales, &c.; these, by standing, form a light flocculent deposit; the persistence of these bodies in the urine may be almost regarded as pathognomonic of the disease; although temporarily, they may occur in any affection in which there exists an irritated or congested condition of the kidneys. The quantity of urea excreted in the twenty-four hours is generally very deficient, and its relative amount, compared with the total solids, is also much lessened. It is in these cases that we find abundance of urea in the blood and effused fluids, the kidneys having lost their power of eliminating this body. The amount of watery excretion may be either large or small; sometimes it considerably exceeds the normal average, at others it falls far short of it, and in the last stages the urinary secretion may be totally suppressed. In the following table two analyses are seen, taken from Becquerel, showing the amount and characters of the urine in two cases of the disease.

	I.			II.		
Amount of urine in twenty-four hours	28 oz.	-	-	78 oz.	-	-
Specific gravity	1016.3	-	-	1008.4	-	-
Water	965.0	-	-	986.3	-	-
Urea	11.6	-	-	1.8	-	-
Uric acid	0.3	-	-	0.2	-	-
Extractives	4.6	-	-	5.5	-	-
Fixed salts	6.6	-	-	2.9	-	-
Albumen	11.9	-	-	3.4	-	-
	1000.0			1000.0		

Albumen is stated occasionally to occur in the urine after the ingestion of certain articles of diet, as pastry; also after the administration of mercury, and the application of blisters of cantharides. Of the power of the first-named cause I have never seen an example, and that mercury by no means frequently produces such a state of urine I have had ample proof, although, in Bright's disease, saliva-

tion is often readily produced by this mineral, which may have led to the opinion of its having caused the presence of the albumen in the fluid. The application of blisters appears sometimes to cause albuminous urine, probably from irritating the kidneys, and we know that hæmaturia also is at times thus produced.—*Lancet*, Dec. 2d, 1848.

MATERIA MEDICA AND PHARMACY.

9. *Action of Calomel on the Liver.* By M. MICHEA.—When calomel is administered in purgative doses, the stools become more liquid, and at the same time acquire a characteristic green colour. This green colour is usually, at least by English practitioners, held to indicate the presence of bile, and the experiments of our author tend to show that the opinion is well founded. Calomel stools have been analysed by Golding Bird (*Med. Gaz.*, Sept. 1845), who found only slight traces of bile; and by Siebert of Erlangen, who failed to obtain any indication of that secretion. Dr. Bird concluded from his experiments, that the green colour is due to an altered condition of the colouring matter of the blood.

M. Michéa has examined the feces under four different conditions:—

1. Feces passed by a healthy individual, no drug having been administered.—In six specimens no bile was found.

2. Green stools rendered by individuals suffering from gastro-intestinal irritation, no drug having been administered.—The presence of bile was indicated in one only of three cases examined.

3. Calomel stools. This drug was exhibited to eight individuals, and the alvine dejections presented a green colour in four. In these the presence of bile was readily demonstrated. These stools showed also the presence of a large quantity of albumen, which the author supposes to be derived from the bile.

4. Stools obtained by the exhibition of saline and other non-mercurial purgatives.—These never or very rarely present the green colour or the viscosity peculiar to calomel stools. Five specimens were examined; neither biliverdin nor albumen was found.

The author prefers the nitric acid as a test for bile. Added to an animal liquid containing this secretion, a characteristic reaction ensues; the fluid becomes first green, then bluish-violet, and finally assumes a red colour. These changes occur within the space of a few seconds.

From these experiments it may be concluded that calomel stools contain an excess of bile, as nitric acid reveals in them the existence of two principles of that secretion, biliverdin and albumen.—*Monthly Retrospect*, Dec. 1848, from *L'Union Médicale*, Oct. 21 and 23, 1848.

10. *An Effect of Opium, upon which sufficient stress has not hitherto been laid.*—Opium increases the circulation of the skin, and diminishes that of the mucous membranes. A person who has taken a full dose of opium at night, will, amongst its other effects, feel himself the warmer for at least twenty-four hours afterwards. I am acquainted with a gentleman who has met with considerable success in his practice on indolent old ulcers, and one part of his treatment consists in his giving his patient a grain of opium thrice daily; this is done upon the principle of stimulating the capillary circulation of the part. In that form of deafness which is attended with tinnitus, and appears to consist in a congested state of the mucous membrane of the Eustachian tube and tympanum, I have often successfully prescribed opium with a view of increasing the cutaneous circulation, and diminishing that of the mucous membranes.

An old lady suffered from a severe attack of influenza, the poison of which seemed principally to operate upon the Schneiderian and bronchial mucous membranes. For four years afterwards she constantly suffered from an obstruction in both nostrils, attended with so profuse a secretion of thin mucous fluid, as to oblige her to use four or five handkerchiefs in the course of a day, and the least exposure of the lungs or surface to a cold atmosphere, brought on an asthmatic attack, which was accompanied with a copious frothy expectoration. Though she could smell

nothing which was presented to her nostrils, she was troubled with an offensive putrid odour, which she imagined was always present, whilst the sense of taste had become so obtuse, that she could neither distinguish tea from water, nor salt from soda. I had been acquainted with her for a long time, and had frequently prescribed various remedies without success, as a great many other practitioners also had done. The mucous membrane of both nostrils was swelled, redder than natural, and so acutely sensitive, that she could not bear the slightest touch with my probe. These symptoms and appearances might have induced me to the opinion of the case being one of malignant polypus; but though the disease had existed so long without any amendment, it had, on the other hand, made no advance; and besides this circumstance, the history of the case, and the co-existence of the thoracic affection, were not in favour of this supposition. One morning, whilst sitting near her, and witnessing the constant annoyance from which she was suffering, I remembered that, whilst I was attending her for an acute disease, by which she was confined to her bed, she mentioned that her head and chest symptoms had suddenly become much better, for she had barely wet a single handkerchief, and fancied she had perceived the savoury odour of a stew, which was being prepared in the kitchen. I paid no attention to this circumstance at the time, especially as, a few days later, I noticed that she again seemed as bad as ever. But now, and it was at least a twelvemonth afterwards, a bright thought struck me; I remembered that, at the time she spoke of this amendment, she was taking opium in considerable quantities, for a spasmodic pain in the bowels. My opinions on the effects of opium, which I have above detailed, were already formed, and I determined upon having recourse to it in this instance. I laughingly told her that a brilliant idea had come into my head, and that I now knew what would give her relief. The good old soul shook her head doubtingly, and said that she would give me fifty pounds if it did. (She never paid me, if she meant it.) Desirous of concealing the nature of the remedy, I prescribed the *Pilula Styracis Composita*, in five grain doses, every night at bed-time. Some improvement was apparent in the course of a very few days, and it became continually progressive. In two months she ceased to wet more than a single handkerchief daily, and had even some return of the sense of smell and taste, whilst she had now become comparatively indifferent to a low atmospheric temperature; for although during the whole of the previous winters she had been obliged to confine herself to one room, or to move through the passages with a shawl, or a respirator, before her mouth, during the next cold season she wandered about the house, without finding any precaution necessary. She always had expressed herself with extreme confidence of the benefit she had received, and, as a proof of her faith, I may mention the great glee with which, during her last illness, she received the intelligence that I allowed her to have one of her old pills; those pills, she believed, would cure every malady. She died of another complaint, seven months after the commencement of this treatment, but I believe that the improvement in her head and chest symptoms had been progressive to the last.

Opium-eaters generally complain of feeling cold and shrunk up, when they are deprived of their habitual stimulus. These effects of opium on the mucous membrane are well illustrated in the following passage, which is taken from the "Confessions of an English Opium-Eater:"—

"I must mention one symptom which never failed to accompany any attempt to renounce opium,—viz., violent sternutation. This now became exceedingly troublesome, sometimes lasting for two hours at a time, and recurring at least two or three times a day. It is remarkable, also, that during the whole period of years through which I had taken opium, I had never once caught cold, not even the slightest cough, but now a violent cold attacked me, and a cough soon after."—*Prov. Med. and Surg. Journ.*, Nov. 15, 1848.

11. *Physiological Action of the Iodide of Potassium.* By MM. BOYS DE LOURY and COSTILHES.—In an article on the therapeutic action of different medicines used at St. Lazare, in the treatment of syphilis, these gentlemen remark that they have paid particular attention to the effects produced by this medicine, and that they occur in the following order:—

1. *Action on the Intestinal Canal.*—The first day, the dose being 0.75 gramme

(10 to 12 grs.), slight pain and heaviness in the stomach: the pain is, however, not always present; the appetite is usually increased; it is remarkable how soon after the taking of the iodide the desire for food arises.

The following days these symptoms diminish or disappear. The second day, the dose being 1.00 gramme (upwards of 15 grs.), heaviness of the head, colic, and diarrhœa.

2. *On the Urinary Secretion.*—This is more abundant the first day, that is, the patient passes more than he drinks. This symptom is almost constant. The urine is clear and transparent—the patients urinate more by night than by day. Sometimes, however, the urine is not increased.

3. *Eruption.*—The most frequent is the pustule of acne, which shows itself from the end of the first to the second day. It most frequently occurs on the face; it does not usually last as long as the treatment, that is, it disappears in 15 or 20 days. Ecthyma more rarely. Neither papular erythema nor purpura hemorrhagica was observed; in one case an eczema impetiginoides was seen.

4. *Pruritus* very seldom observed.

5. *Conjunctivitis.*—The conjunctiva was sometimes influenced when the iodide was given in doses of 1 to 2 grms. Both conjunctivas may become inflamed. It principally occurred during the first days of the use of the medicine, and was characterized by general vascularity and chemosis.

6. *Menstruation.*—Although this medicine is spoken of by most authors as an emmenagogue, they often remarked a decrease in the quantity of the menstrual fluid. Once the discharge re-appeared a week after the menstrual period; but this may have been only a coincidence.

7. *Discharges* from the uterine cavity were not perceptibly increased.

8. As invariable and immediate effects, the authors never once failed to see the decrease or suspension of the pains of the bones after the first or second day of treatment. No other antisyphilitic agent possesses so prompt and constant an action.

9. *Salivation.*—This is a rare symptom in women; it was seen only once. M. Ricord observed it more frequently, perhaps, because he gave the medicine in larger doses. The saliva remained thin, the mucous membrane of the mouth un-inflamed and unaltered; the salivary glands not swollen—a true hypersecretion, without peculiar smell.

10. *Effects on the Circulation*—none.

11. *Accidents produced by the Iodide.*—The authors object to giving the iodide in such large doses as some physicians administer it. M. Biechy relates two cases in which serious accidents were produced. In the first, the patient being benefited by doses of three-fourths of a grain, gradually increased to fifteen grains, thought by doubling the dose to double the advantage received. The first three days he suffered from general uneasiness and intense headache; the fourth day he was affected in his lower limbs, his sight disturbed, and his hearing almost gone; on trying to walk, his legs gave way under him, and his arms had lost all power. Finally, having taken a few steps, he fell unconscious; on coming to himself, he remained in a state of languor and weakness, which did not disappear for several days after the suspension of the medicine. In the second case, death ensued; but it was doubtful if it could be attributed to the iodide.—*Month. Journ.*, July, 1848, from *Gaz. Méd. de Paris*.

12. *Action of Chloroform.*—M. MALGAIGNE has made to the French Academy of Medicine a very interesting report on chloroform. The following are his conclusions:—

1. Chloroform is a most energetic substance, which may be classed with poisons, and should be only used by experienced persons. 2. It is liable to cause irritation of the air passages, and should be employed with reserve in persons suffering from the lungs or heart. 3. Chloroform possesses a special toxic action, which has been profited by, and is carried as far as the production of insensibility, but which may occasion death if improperly prolonged. 4. Certain modes of exhibition increase the perils inherent to chloroform; thus asphyxia may be brought on, if the anæsthetic vapours are not sufficiently mixed with air, or if respiration is not performed with freedom. 5. All these dangers may be obviated if the sur-

geon, in the first place, ascertains that the respiratory organs and the circulating system are sound, if a sufficient quantity of air is admitted into the lungs, together with the chloroform; and, finally, if the inhalation is suspended immediately upon the production of unconsciousness.

M. Amussat maintained that although a free ingress of air took place into the lungs at the same time with chloroform vapours, the colour of the arterial blood became darker as soon as the insensibility was produced. M. A. observes that the effects of ether or chloroform were to be particularly dreaded when patients had lost much blood.—*Med. Times*, Nov. 25.

These conclusions of M. Malgaigne have been attacked by M. GUERIN, who proposed to substitute for them the following:—

1. That chloroform, a most energetic agent, was susceptible, in experienced hands, of rendering signal service, but exhibited in expressive doses, or for too long a time, or by improper methods, it might become a direct cause of death.

2. That circumstances, peculiar conditions existed, not yet altogether pointed out with precision, but of which certain instances demonstrated peremptorily the possibility, which increased the toxic properties of chloroform, and which necessitated the greatest caution in its use.

3. That in M. Gorre's case, it was the opinion of the Academy that chloroform had probably occasioned death, although that agent had been employed in a dose and in a manner which experiment had almost universally shown to be innocuous; and that the rapidity, and exceptional intensity of the intoxication, had been in that instance favoured by individual circumstances, which the surgeon could not possibly foresee.—*Med. Times*, Dec. 2, 1848.

13. *Administration of Mercury in small Doses.*—Mr. HANCOCK stated to the Medical Society of London that he had adopted the plan recommended by some French surgeons of giving calomel in very small doses,—a twentieth part of a grain every hour day and night, until the specific effect of the medicine was produced,—with two patients in Charing-cross Hospital, both of whom had been admitted with inflammation of the testicle, consequent upon gonorrhœa. In one case, he gave a twentieth of a grain of calomel every hour; in the other, a twentieth of a grain every three hours. In the first case, the patient was salivated in thirty-six hours; in the second case, in forty-eight hours. The advantage of this mode of producing ptyalism was, that the effect was milder and more controllable than where larger doses were administered; the bowels were also unaffected. The mode of its administration was as follows:—Calomel, one grain; confection of opium, a scruple; divide in twenty pills—one every hour. In the cases related, the effects of this medicine were most decided.—*Lancet*, Oct. 7, 1848.

14. *Narcotic Principle in Indian Hemp, a Peculiar Resin.* By Messrs. T. & H. SMITH, Edinburgh.—The researches of these chemists show that the remarkable action of Indian hemp on the animal economy depends on the presence of a particular resin, which is soluble in alcohol, and from which it is precipitated by water in the form of a white powdery substance.

This resin, obtained by means of a process described by the authors, is of a yellowish-brown colour. It has a hot, pungent, balsamic taste. Heated on a plate of platinum, it melts and burns away without leaving any residuum, diffusing a strong aromatic odour.

Messrs. Smith found, by experiments made on themselves, that this substance possesses the soothing and hypnotic properties of morphia. In the dose of two-thirds of one grain English, it is a powerful narcotic; in the dose of one grain, it produces complete intoxication.

Under its influence the pupil is contracted. Its action is very persistent; but it does not appear, like opium, to have the inconvenience of producing constipation.

To this resin, of which the plant contains from six to seven per cent., the various preparations used in the East, as haschisch, &c., owe their well-known properties.—*Edin. Med. and Surg. Journ.*, Oct. 1848, from *Pharmaceutical Journal*.

15. *Camphor and Chloroform Mixture.* By T. and H. SMITH. (*Monthly Journ. & Retrospect of the Medical Sciences*, Nov. 1848.)—There is great difficulty, or rather

an utter impossibility of administering camphor in a state of solution in doses of sufficient potency in some cases. The form of pill, the only mode of giving large doses of this medicine, is objectionable in many cases, and in others altogether inadmissible. The camphor, being merely in a state of mechanical division, on being set free in the stomach, from its extreme lightness quickly separates and floats about, thus producing in many cases much local irritation in that organ, instead of soothing or arousing the general system.

Messrs. T. & H. Smith, Chemists of Edinburgh, give a formula for exhibiting camphor in doses of almost any amount of strength—certainly as large as any case can require—and that in a state of perfect solution: thereby allowing of a nice adaptation of the dose to the circumstances of each case.

The formula is as follows:—Three drachms of solid camphor are dissolved in one fluid drachm of chloroform. This is, perhaps, one of the most remarkable cases of solution the whole range of chemistry presents to us. The solution is most *rapid and complete*, and the bulk of the liquid is now increased from one to fully four fluid drachms. This solution rubbed up with the *yolk* of one fresh egg, may be formed into an extremely elegant emulsion by the addition of water, without the slightest separation of the camphor or chloroform; in fact, no separation of any kind takes place. If to the proportions given above as much water be added as to make a four-ounce mixture, each teaspoonful of the mixture when formed will contain about five and a half grains of camphor, and about two minims of chloroform. The capability of the formula being varied, so that either the camphor or chloroform may constitute the predominating ingredient, must be quite obvious. This mixture can be administered in any ordinary vehicle, such as water, without the occurrence of any separation; indeed, the mixture is as readily and completely effected as cream with tea or coffee. We have tried the effect of several medicinal substances on the mixture. With none of them has any separation been caused.

A weak saline solution, composed of common salt, phosphate of soda, and an alkaline carbonate, mixed readily, as well as a solution of muriate of morphia and sulphate of zinc. With the volatile alkali and acid liquids—such as a weak solution of acetic and muriatic acids—the mixture seems to become more intimate and stable. The mixture with ammonia has stood since its preparation—now fully a week—without any separation. With water alone, however, the chloroform solution of camphor separates in a few days, but they readily unite again when slightly agitated. The solution of camphor in chloroform, although insoluble in water alone, appears in this mixture to be in as complete a state of mixture as the butter in milk when newly drawn from the cow.

The therapeutic value of the formula remains to be ascertained.

16. *Supposed Test for Cod Liver Oil.* By Mr. HOCKIN.—Mixing together on a porcelain slab four parts of genuine cod-liver oil, and one part of strong sulphuric acid, and stirring with a glass rod, a beautiful and rich violet colour, similar to that of the fumes of iodine, is produced, which in a few instances passes gradually into a dirty brown; the altered portion of the oil separating in regularly shaped patches from that out of reach of the acid. This characteristic is not possessed by either olive, almond, seal, whale, or fine sperm oil; nor, Mr. Hockin believes, by any other fat oil. The reaction varies in appearance from a delicate fawn to a dark caramel.—*Med. Times*, Sept. 23.

[We have tried this test and found the results to correspond with the statement of Mr. H. But it is stated in the *Pharmaceutical Journal*, that this test will merely indicate the presence of cod-liver oil; but does not afford the means of ascertaining whether other oils be mixed with it or not, and that with mixed oils in various proportions the result is so equivocal as to be calculated to mislead except in the extreme case of no cod-liver oil being present. It also gives no indication of the quality of the oil, as some of the worst samples, not fit for sale, exhibited the purple appearance as decidedly as the best genuine oil.]

MEDICAL PATHOLOGY AND THERAPEUTICS AND PRACTICAL MEDICINE.

17. *On the Anatomy of the Enlarged Thyroid Gland in Bronchocele.* By Professor ECKER, of Basle.—Of this very important communication, we can only give the principal heads. The author distinguishes two principal varieties of bronchocele, which may occur separately, but are frequently combined. These are (A) *struma vasculosa*, in which the vessels are chiefly concerned; and (B) *struma glandulosa*, which consists essentially in alterations of the closed glandular vesicles.

A. The first of these seems to originate in simple congestion, which may be only temporary; but if it becomes permanent, the capillaries and smaller arteries become aneurismatic and varicose, undergoing dilatation to three or four times their usual diameter. Sometimes the dilated portions seem to become detached from the rest of the vessel, and to form cysts containing blood; a mass of altered nearly colourless blood-corpuscles, adherent to each other, being often found in their interior. When the disorder has advanced to this stage, the gland-vesicles have usually disappeared. Of these changes, hemorrhage and exudation are frequent results. When blood is extravasated, it frequently becomes surrounded by a sort of cyst, as in apoplectic extravasations in the brain, and undergoes changes similar to those occurring in an apoplectic clot; this condition forms one variety of what has been termed *Struma cystica*, which depends (as we shall see) on various pathological changes. Another variety is the result of exudations, which are sometimes diffused, and sometimes collected in masses which become encysted. In the midst of these exudations, the components of which are generally primitive fibres and elementary granules, with blood-corpuscles, we are assured by Professor Ecker, that new vesicles or cysts frequently spring up, similar in all respects to those of the normal gland, but inferior both in size, and in the degree of development of their contents. These *exogenous* vesicles, according to him, constitute the only true hypertrophy of the gland. Another frequent alteration in the vessels is the obstruction and obliteration of the smaller arteries and capillaries, by the deposition of calcareous matter in their coats.

B. The second primitive form primarily consists in the dilatation of the gland-vesicles, apparently from the retention of the secretion, which, through inactivity of the absorbents, is not taken back into the current of the circulation. The vesicles at first are simply enlarged; and are filled with complete cells distended with colloid matter, apparently of an albuminous nature. There are also to be seen more irregular masses of colloid matter, quite transparent, and containing numerous cells and nuclei, sometimes with crystals of cholesterine. As the disease advances, the cell-structure disappears, the walls of the vesicles and the intervening fibrous stroma become absorbed, so that their cavities coalesce, the vessels at the same time becoming obliterated, and thus is produced a third form of *struma cystica*. This change may continue until the whole gland becomes transformed into transparent colloid masses, in which few septa and no blood-vessels are to be seen.

These two primitive forms of bronchocele are frequently combined, so as to produce all sorts of intermediate and complex varieties. Thus, the congestion and dilatation of the vessels may supervene on the glandulose form, and may occupy the intervening parts of the gland between the vesicles; and dilatation of the vesicles may supervene on changes more immediately connected with the vascular system. In either case the result is similar; and it is, therefore, impossible to find a sharp and definite boundary-line between the two primitive forms.—*British and Foreign Medico-Chirurgical Review*, Oct., 1848, from *Zeitschrift für Rationelle Medizin*, 1847, Heft ii; and *Edinb. Monthly Journal*, Aug., 1848.

18. *On the Healthy and Diseased Structure of Articular Cartilage.* By JOHN BIRKETT, F.L.S., F.R.C.S.—From the constant influence of attrition upon the articular cartilage, it is evident that it would be rapidly destroyed if it were not endowed with a high capacity of nutrition and reproduction. The increase of cartilage, both in thickness and superficial extent, with the growth of the body, also furnishes evidence of the existence of this power which Mr. Birkett believes to

reside in the nucleated cells enclosed in its blastema. The author assents to the observations of most physiologists, in believing cartilage to be a strictly non-vascular tissue, and he is at some pains to point out its analogies with the epithelial structures, such as epidermis or horn. He considers articular cartilage to hold precisely the same relation to bone as the epidermis to the corion; the analogue of the latter being found in the very hard and peculiar layer of bone which lies immediately beneath the cartilage, between it and the cancelli. He observes, also, that the cancelli may be regarded as representing the subcutaneous cellular layer, having, like it, areolar spaces, which are occupied by a fatty substance, the marrow. The arrangement of the capillary vessels in the articulating ends of bones, is in terminal loops, which pass into projections of the osseous tissue immediately in contact with the hard articular layer alluded to, and which the author regards as analogous to the papillæ of the corion.

The structure of this thin layer which intervenes between the vessels and the cartilage, differs from that of true bone; it is harder and denser; the lacunæ are very regularly disposed, but the canaliculi which characterize the ordinary osseous tissue are absent. Its articular surface is irregular, and is closely fitted by corresponding irregularities of the cartilage. The other surface is equally closely adapted to the papillæ of the osseous tissue, inclosing the looped capillaries, as before stated.

The articular cartilage presents a variation in structure towards the free surface. The cells which, throughout two-thirds of its substance, have no definite arrangement, become flattened out, their long axis assuming the direction of the articular surface. This the author regards as a modification similar to that of epithelium, the flattening of the cells being the effect of the pressure to which they are subjected. It is this flattened layer of cells which has been regarded by writers as a prolongation of the capsular epithelium upon the cartilaginous surface.

The destruction of cartilage in disease commonly proceeds by an infiltration of fatty granules, first into the cells, and ultimately into the hyaline intercellular substance. Thus disorganized and softened, the cartilage is removed by a gradual process of attrition, which the author considers as different from ulceration. [We do not see any good grounds for this distinction. The attrition, ulceration, or molecular disintegration of articular cartilage has been carefully described and figured by Goodsir, (*Anat. and Path. Observations*, p. 17, and Pl. I. Fig. 13.)]

Along with the process of destruction proceeds the formation of a tissue, containing newly formed fibres and blood vessels, which arises whenever the cartilage is removed. These vessels are connected with, and spring from, those of the fibrous tissues adjoining the joint; they are also frequently connected with those of the subjacent bone; but, in order that this may be the case, it is necessary that the thin articular lamina of bone, as well as the cartilage, shall have been removed by attrition. It is only, therefore, when this layer has been entirely removed that complete *synostosis*, or vascular and organic union of the opposite ends of the bone, can take place through the medium of the newly-formed fibrous tissue and its vessels; and it is commonly observed that up to a late period in the process of ankylosis, portions of the articular layer remain, and prevent the bony union at the joints where they are present.—*Month. Journ.* Nov. from *Guy's Hospital Reports*, Oct. 1848.

19. *On the Pathological Changes in Mucous Inflammations.* By RUD. VIRCHOW.—All inflammations are to be considered as alterations of the nutritive process, by which the plasma of the blood is thrown out of the vessels in increased quantity. In inflammations of mucous membranes, their anatomical relations cause the exudation of this plasma upon a free surface. The plasma itself may be unchanged in constitution, or its fibrine may be increased in quantity. Differences in the constitution of the plasma determine differences in the result; and thus are established three leading forms of mucous inflammation:

1. *The Catarrhal Form.*—In this the quantity of the blood-plasma is increased, and thrown out on the free surface. The cells (of epithelium) are formed in greater quantity than normal; but they do not reach their normal development, being replaced constantly by an increased succession of new ones. The richer

the plasma, the more rapid is the self-development. In the so-called *chronic catarrh*, there are frequently found in the fluid cells quite perfectly developed, of the aspect of the ordinary epithelium. In acute cases the cells do not reach this stage of development; they do not take on the epithelial forms characteristic of the part, but are thrown off as round, more or less spherical, mostly single-nucleated cells (mucous corpuscles). In the very acute, particularly the blennorrhagic forms of inflammation, almost all the cells are found in the earliest stages of development, smaller, more delicate, and containing often three to five nuclei; in short, possessing all the characters of the ordinary pus cell. All these forms may be considered as different grades of the epithelium cell; or, if the name *epithelium* be dropped, as cells developed on the surface of a mucous membrane, and whose only difference is their different degree of development.

2. *The Croupous Form*.—In this the plasma is not only increased, but is also altered in constitution, containing a large amount of fibrine, and coagulating more or less completely. The coagulum lies free on the surface of the membrane. This form is most frequent in the respiratory mucous membrane. The false membrane is either softened, friable (as in tracheal croup), and contains many cells; or it is of a more firm and fibrous character (as in bronchial croup and exudation into the air-vessels, or true pneumonia), and contains the products of rupture of the capillary vessels, red and colourless blood corpuscles. In pneumonia the stage of hepatization, where the air-cells are filled with firm coagulated exudation, is generally succeeded by that of purulent infiltration, in which cells in every grade of development are formed in great abundance. In the first stages these cells have various degrees of resemblance to pus or epithelium; in the stage of resolution of the pneumonia, we find the air-cells full of granular cells and masses, or a finely granular emulsion, which are to be considered as the retrograde steps of the newly formed cells.

3. *The Diphtheritic Form*.—In this the exudation consists of nearly dry coagulated amorphous fibrine, and is infiltrated into the tissues composing the superficial layer of the mucous membrane, or rather of the submucous cellular tissue; for when it projects from the free surface, it is generally covered by the epithelial layer. Where organization proceeds in this kind of exudation, it is generally very imperfect; more commonly it is entirely absent, and a superficial slough is formed. Hence this form has been rightly considered as allied to a gangrenous form of inflammation; it is, in truth, closely allied to hospital gangrene.—*Archiv. für Pathologische Anatomie*, &c. Band. I. Heft 2.

[We shall take another opportunity of adverting to these opinions, as well as to other views enunciated in this able journal. In the meantime, we may state that we agree in many of the author's conclusions, although differing from him in some points; as, for instance, in regard to the constitution of the blood plasma, which we believe to be *least* altered where the fibrine is in greatest quantity, as in the croupous and diphtheritic forms; and *most* altered where, as in the catarrhal forms, the inflammatory phenomena are but a slight alteration of the ordinary secreting process. We believe that the membrane, in its healthy state, possesses a power of selecting from the blood plasma a new product—mucus; that in disease the nature of this product is changed, and assimilated more and more to the plasma of the blood; in other words, that while the vessels acquire an increased power of pouring out the elements of the blood plasma, the power of the membrane to alter and select from these elements is diminished.]—*Monthly Journal and Retrospect of Medical Sciences*, Oct. 1848.

20. *Pathological Anatomy of the Kidneys*.—The *Monthly Journal and Retrospect of the Med. Sciences*, &c., for the present year, contains an interesting series of papers by Dr. W. T. GAIRDNER, on the pathological anatomy of the kidneys. The following conclusions derived from his observations, he regards as especially important in relation to the pathology of renal diseases:—

1. By far the greater part of the pathological lesions of the kidney arise from, or are connected with, the exudation of oleo-albuminous granules into the interior of the tubes and epithelial cells.

2. The oleo-albuminous exudation is probably often preceded, and certainly occasionally accompanied, by vascular congestion; but when the quantity of exu-

dation is considerable, more or less complete depletion of the vascular system invariably occurs. This is a secondary result of the obstruction of the *tubuli uriniferi*.

3. The oleo-albuminous exudation occurs in two chief forms; viz. *first*, Universal infiltration of the tubes throughout the organ; and *second*, Infiltration of particular sets of tubules, the rest remaining free, or nearly so. In the latter mode arise the granulations of Bright.

4. There is no essential anatomical difference between the exudations in the kidney which are the result of chronic processes, and those which have been considered as the result of inflammation.

5. The capillary vessels of the kidney are subject to spontaneous obliteration (unaccompanied in the first instance by any visible lesion of the tubes), giving rise to the peculiar affection which I have called the *waxy degeneration*. This obliteration of the vessels is probably in all cases preceded by a stage of congestion.

6. The consequence of the waxy degeneration is thickening and varicose dilatation of the tubuli throughout the organ.

7. The tubes of the kidney are subject to contraction and obliteration, in consequence of the desquamation of their epithelium; a condition resulting in atrophy, and complete disorganization of the organ.

8. The desquamation of the epithelium occurs very frequently in all the other diseased conditions of the kidney. When sufficiently long-continued and extensive, it produces contraction, and this indifferently whether exudation be present or not. It is sometimes accompanied by vascular congestion in every stage of its progress.

9. The earlier stages of the exudations can only be discovered by means of the microscope. The progress of the waxy degeneration, on the contrary, is best traced by the unaided eye. The desquamation of the epithelium is only to be discovered with certainty by means of the microscope, and is particularly apt to escape attention, under all circumstances, if the *kidney* only, and not the *urine*, be looked to. It results that careful investigation, both by the microscope and the naked eye, both of the kidney after death and the urine during life, are indispensable to enable the pathologist to determine with exactitude the presence or absence of disease.

21. *Diseased Condition of the Tracheo-bronchial Mucous Membrane of the Artisans of Sheffield, and the Statistics of Mortality among them.*—Dr. CRAIGIE, in the late edition of his elements of "*General and Pathological Anatomy*," states: In the town and vicinity of Sheffield, two sorts of grinding of edged tools are practised; one, dry grinding on a dry stone, the other, wet grinding on a stone moistened with water. Many articles, as scissors, razors, and penknives, are ground partly on dry stone and partly on the wet stone. Others, as forks and needles, are ground mostly on a dry stone. Table knives are ground principally on a wet stone. Saws, files, and scythes, are ground entirely on a wet stone. Dry grinding is most injurious, and tends most directly and effectually to induce bronchial and pulmonary disease, and thereby to abridge the duration of life amongst the grinders. The dry grinders, therefore, are most speedily destroyed. The life of the wet grinder is often prolonged to a considerable age.

Of 1,000 scissors-grinders above 20 years of age, only 20 attain the age of between 50 and 55 years; only 10 the age of between 51 and 65; and none live beyond the latter age; while of the inhabitants of Sheffield generally, 224 in 1,000 are found living at 65 and above, and in the midland counties 413 in 1,000. Of artisans in this branch 843 in 1,000 die under 45 years of age.

With the fork-grinders it is worse. Among 1,000 fork-grinders, aged above 20 years, not 1 attains the age of 59; while in Sheffield, among 1,000 persons, 155 are living at 59. Of these 1,000 persons, 472 die between 20 and 29 years, 410 between 30 and 39; and the residual 115 are all gone before the age of 50.

Among 1,000 razor-grinders above 20 years of age, 749 die under 41 years of age, the rest mostly between 41 and 60; between 61 and 65, only 5 are living; and after 65 all are gone.

Of the penknife-grinders, not 1 in 1,000 arrives at the age of 60; 731 die before the 40th year; and the rest are all destroyed before the 60th year.

Saw-grinders, file-grinders, and scythe-grinders, who work on the wet stone, are less liable to bronchial disease, and are longer lived. The numbers pursuing saw-grinding are not great. Yet among seventy-eight persons engaged in it in 1843, nine were between sixty and sixty-five, and one died between sixty-six and seventy, and one at seventy-nine.

The number of scythe-grinders is also not great. In 1843, there were thirty; of these, eight were between forty-one and sixty years of age. Both the saw-grinders and the scythe-grinders are exposed to accidents, sometimes fatal, from the breaking of the stone.

The lesions which produce this great mortality are of a complicated character. The most common lesions are chronic inflammation, with thickening of the bronchial membrane, enlargement or dilatation of the bronchial tubes, emphysema, and expansion of the pulmonary tissue.

The bronchial glands are enlarged, or converted into a black, hard, gritty substance, varying in size from half a marble to a large hazelnut. In dividing these glands, the sound emitted is the same as if the scalpel were dividing a soft stone, and the section is black and polished, and grates over the edge of the knife. Such masses are commonly detected in grinders who have belonged to the most destructive branches. Similar soft, sectile, gritty, or stony matter is found in almost every part of the lungs, in portions varying from the size of a currant to that of a bean; adhesions between the pulmonary and costal pleura are also frequent. In some instances the lungs present an appearance as if black currants had been distributed through their whole substance, and accompanied with similar bodies, larger in size, but hard and gritty like them. These currant-like bodies are also observed on the surface of the lungs. They are supposed to consist of the dilated extremities of veins containing some of the solid constituents of the blood.

Tubercles are also occasionally found, with their consequences, vomicae.

Another state, frequently observed, is engorgement or infiltration of the lungs with a dark coloured fluid, which is ascribed to the inhalation of the fine black dust floating in the atmosphere during the operation of glazing.

On the mode of production of these lesions, or the order of their succession, observers are not agreed.

22. *Fungus Hæmatodes of the Brain*.—Mr. PRANKERD relates (*Prov. Med. and Surg. Journ.*, Sept. 20th, 1848) a case of fungus hæmatodes of the brain which is remarkable for the little disturbance in the functions of the brain which it occasioned.

The subject of it was a woman forty-four years of age, married, menstruated regularly, and mother of several children, for the last ten years of her life suffered from intense pain in the head, occurring at intervals, and for nearly the whole of this time (nine out of the ten years), was completely blind. For the last few years, her health was evidently affected by the continued suffering she endured. Latterly, counter-irritation, such as setons, issues, and the long issue through the scalp, were principally relied on, but afforded only temporary relief, and she was gradually worn down by the suffering, and ultimately sank, exhausted. Throughout the whole period her mental powers were unimpaired; she was very conversible and intelligent, and her symptoms were not such as would indicate that much structural disease of the brain existed.

Autopsy, eight hours after death.—The head only was examined. The right hemisphere of the brain was healthy: the *left* rather softened, and the anterior and inferior portion was occupied by a firm tumour, weighing upwards of eight ounces, of an oval shape, and occupying more space than a cricket ball. In appearance it was of a dark purple colour, and in structure lobulated. The optic nerve was found extremely small, having suffered gradual compression during the increase of the tumour.

The tumour was examined by Mr. Bowman of King's College, who pronounced it to be a decidedly fungoid growth. In some portions the blood-vessels had given way, constituting fungus hæmatodes, and other parts presented the character of medullary sarcoma. A section examined under the microscope presented a

number of healthy nucleated cells, interspersed with some that were diseased; the latter were larger than the former, and contained within them smaller cells. In the substance of the tumour numerous fibrous bands might be discerned with the naked eye. The tumour was highly organized, and very vascular. Mr. Bowman thought the case extremely interesting from the unusual size of the tumour, the slowness of its growth, (ten years,) and the absence of any disturbance in the functions of the brain.

23. *On Photuria, or Luminous Urine.*—Cases, however rare, have been cited, in which the urine, as it passed from the urethra, had a luminous appearance. The phenomenon has not been explained, wherefore the following case, with the observations of M. Fallot, will be read with interest:—

A man, aged sixty, had for many years, at intervals, passed luminous urine; the luminous appearance was most distinct as the fluid dashed on the ground, but a few sparks were seen in the stream as it passed from the urethra. Examination discovered nothing particular in the fluid, which varied in its constituents according to circumstances.

M. Fallot thinks that these cases would be found to be more common if attention were directed to them, but that as the affection is not accompanied by any notable derangement of health, it passes unobserved. In the case referred to, the patient had never alluded to the circumstance until he was questioned concerning it, in consequence of its being accidentally witnessed by M. Fallot.—*Prov. Med. and Surg. Journ.*, Oct. 1848, from *Rev. Med. Chirurg.*, July, 1848.

24. *The Vibration of the Thoracic Walls,—a Diagnostic Sign of Disease.*—By the term thoracic vibration, M. MONNERET designates the oscillation of the parietes of the chest, perceptible by the application of the hand upon the thorax of a person who sings or speaks aloud. The vibrations are more distinct in the right side than in the left,—and in the interior than in the posterior regions. The vibration is propagated from the larynx, by the walls of the air tubes, by the solid elements of the thoracic parietes, and by the air contained in the lungs. The larynx is the sonorous instrument, and the phenomena perceptible by the application of the hand, are caused by the propagation of the undulations of sound, through the agency of good conductors. By disease of the chest, the physical conditions of these conductors being modified, the pectoral vibrations undergo changes, which Dr. Monneret has studied for the purpose of discriminating from each other the various alterations of the respiratory organs.

The vibration is increased in pneumonia, and first stage of consumption; it is diminished in pleurisy, emphysema, and pulmonary excavations.

In pneumonia thoracic vibration is invariably increased; and to that degree, that even when the signs furnished by auscultation and percussion are still of a doubtful nature, a positive diagnosis may be obtained,—a circumstance peculiarly advantageous in the diseases of infancy, when auscultation is difficult, and its results questionable. The phenomena of vibration are also increased in pulmonary œdema,—a fact testified in the last stages of disorders of the heart. In the first period of consumption when the lung is condensed by the presence of crude tubercular masses, it often happens, that auscultation furnishes only negative signs, or increased roughness of the respiratory murmur, so slight as to leave some hesitation in the mind of the observer. In such cases, says Dr. Monneret, the diagnosis is powerfully assisted by the application of the hand, whilst the patient speaks aloud—the vibration being invariably increased in the diseased regions. Again, in pleurisy, attended with the formation of plastic adhesions and false membranes, no fluid being exuded between the lung and the thoracic walls, the vibration caused by the voice is considerably augmented.

It is, on the contrary, diminished or abolished in pleurisy, when liquid effusion has taken place. The increase or diminution of the morbid secretion are also marked by corresponding modifications in the transmission of sound to the hand. In pulmonary excavations of some extent, the vibration of voice is decreased or altogether abolished; but, on the margin of the cavities, it is on the contrary increased by the condensation of the lung around the ulceration. In pneumothorax, Dr. Monneret had four times occasion to study the vibrations of the walls of the

chest, and in all the cases he found them abolished in the regions corresponding to those occupied by the effusion of air. In pulmonary emphysema, also, the undulations of sound perceptible to the hand are diminished,—a fact easily accounted for by the rarefaction of the tissue of the lungs.

Thus, the study of the vibration of the thoracic walls can be made available in the diagnosis of doubtful cases, and forms a valuable addition to the other physical signs of thoracic disease.—*Med. Times*, from *Revue Med.-Chirurgicale*, Sept. and Oct. 1848.

25. *On Influenza and Cholera*.—DR. MARC D'ESPINE, after describing the epidemic of influenza which prevailed at Geneva during the present year, institutes a parallel between the progress of that disease and the cholera.

1. Influenza is a "*peregrinating*" disease, which has never appeared spontaneously in Geneva, as shown by the history of seven epidemics in 60 years. 2. If seasons and meteorological conditions are not without their influence on the physiognomy of the disease, its general diffusion, and the nature of its complications, they seem to be powerless as regards the epochs of its appearance and duration. 3. It is propagated successively from one country to another, but with varying rapidity in different directions. Thus, latterly, it has more rapidly extended itself from Paris to Marseilles, than from Paris to Geneva. 4. Thus far influenza and cholera agree; but a first difference between them is, that while cholera seems to radiate from towns to the adjacent country, as if, to develop its influence, it required agglomerations of people, influenza seems to act during its route just as easily upon the scattered inhabitants of rural districts as upon those of crowded towns. 5. Both diseases, contrary to most epidemic affections, may attack the same individuals several times. 6. While cholera attacks rather more males than females, influenza attacks a decidedly larger proportion of the latter. 7. Children are generally spared by both diseases. While cholera commits great havoc among the aged, influenza especially attacks those between the ages of 20 and 40; but this difference becomes effaced when, instead of the number attacked, we count the mortality; for as influenza is seldom fatal before 50 or 60, like cholera, it carries off a large proportion of the aged. 8. The influenza, like the cholera, is a general disease, affecting the entire organism, and its physiognomy is characteristic enough to enable us to distinguish it from other acute diseases. Yet it approaches nearest to catarrhal affections, just as cholera does to acute diseases of the digestive organs. 9. Influenza is scarcely ever mortal in its simple state, becoming so from complication with thoracic inflammations. 10. An epidemic of influenza is not accompanied with any diminution in the number or mortality of the ordinary diseases of the season and place. During the prevalence of cholera at Paris in 1832, the number of deaths unconnected with it was just the same as if it had not been present. 11. Although influenza and cholera are diseases of very different severity, their mortuary effect does not vary so much as might be supposed. The epidemics of influenza in 1837 and 1848 nearly doubled the mortality of the populations on which they fell, which is much about what the cholera did in Paris in 1832. It is true the cholera lasted, not two months like the influenza, but six; and though causing one death in every two, attacked only one in twenty, while the influenza attacks one-half of the population. 12. While the influenza may appear several times without necessarily being followed by the cholera, this last would seem to be generally preceded by it.—*Brit. and For. Med.-Chir. Rev.*, Oct. 1848, from *Gaz. Méd. de Paris*, Nos. 20 and 21. 1848.

26. *On Delirium in Pneumonia*. By M. GRISOLLE.—This phenomena is of importance, not only because it may arise from different causes, offering opposite indications, but also because it may, in some cases, give rise to the belief in the existence of a cerebral disease, when in fact the affection is seated in the lungs. And the necessity of a complete examination of the organs is shown by the fact, that where this has been neglected, it has not uncommonly happened that persons have been carried to lunatic establishments on account of a temporary mania, developed during the acute stage or the resolution of pneumonia.

A third part of such cases manifest themselves in persons addicted to drinking;

and it has been said that pneumonia of the apex, especially, gives rise to this symptom; but of 27 patients exhibiting delirium, M. Grisolle has found the apex affected in 9, the base in 14, and the middle lobe in 4; and MM. Andral and Briquet have made similar observations. It may, however, be stated, that double pneumonia is more likely to give rise to delirium than single. It manifests itself more frequently in men than women, in the proportion of 21 to 6, and of these 27 patients, 3 only were less than 40 years of age—the usual age being between 50 and 60. MM. Hourmann and Dechambre state that among the old women at Salpêtrière, delirium is an habitual accompaniment of pneumonia. The symptom generally occurs from the 4th to the 6th day, especially in drunkards, although it is by no means rare to find it at the commencement of the pneumonia, or even preceding it by from one to four days. Lastly, when the progress of the pneumonia has been rapid, it may not exhibit itself until the decline of the disease, or during convalescence.

It may assume various forms, from slight incoherence to furious delirium; and in drunkards there are the hallucinations, excitement, sleeplessness, and tremor, observed in *delirium tremens*. This last form, if not relieved, terminates in coma and death in four or five days. The autopsy generally exhibits only some vascularity of the pia mater and injection of the cerebral substance, signs of recent meningitis being observable in about a fifth of the cases. The presence of this delirium gives rise to an unfavourable prognosis, not only on its own account, but because of its generally being conjoined with extensive pneumonia; but the prognosis is less serious in the case of drunkards than in others. Of 27 cases, M. Grisolle lost 8.

Although in the *treatment* of the case which has given rise to these remarks, bleeding was not resorted to, in consequence of the age of the patient, the long duration of the disease, and the smallness of the pulse,—antimony and a blister being successfully substituted,—yet it is, in general, far from being contraindicated. When the delirium seems to predominate over all the other symptoms, M. Récamier has given musk, in the form of pills, in doses of from eight to ten décigrammes, with success; but M. Grisolle has frequently failed with it. In the cases of drunkards, full doses of opium, continued until sleep is procured, are indicated; with which full doses of tartar emetic may be advantageously combined. Alcoholic drinks are also highly useful, not only for the cure of the disease, but also, as M. Chomel long since observed, for its prevention. We should, therefore, inquire into the patient's habits, and remembering that in drunkards delirium comes on from the fifth to the seventh day, we should, if any trembling of the lower lip and sleeplessness indicate the approach of the complication, at once administer the alcohol, and often the best effects will follow.—*Brit. and For. Med.-Chirurg. Rev.*, from *L'Union Médicale*, 1848, No. 9.

27. *Inflammation and Ulceration of the Œsophagus*.—A man, aged sixty-five, was ill with an acute ascites, dependent upon some abdominal disease, which a *post-mortem* examination proved to consist of a deposition of numerous malignant tubercles, which studded the greater portion of the sub-peritoneal areolar tissue, the liver, and some other parts. Five days before his death, he first complained of pain in the throat on every attempt at deglutition. The next morning incessant sickness began, the stomach rejecting whatever was introduced into it, together with large quantities of a dark bistre-coloured matter, which was evidently blood, acted on by the gastric fluid. Though he always succeeded on making the attempt to swallow, the effort was of a spasmodic character, and accompanied with considerable pain in the throat and along the sternum. This was generally of an aching character; but the juice of an orange, he told me, caused a smarting, cutting sensation. I examined the throat with the aid of a speculum lamp, and, as far as I could see, the mouth, the palate, the tonsils, and the pharynx, were all in a healthy condition. On the fourth day, there was less of the black substance, but he vomited several clots of muco-purulent matter, which exactly resembled the sputa of bronchitis in its latter stage. My patient had been gradually becoming weaker from the commencement of this attack, and he died from asthenia on the fifth day. Attempts had been made to support him by means of nutritious enemata; but the fluids could be injected only in very small quantity, and returned

the instant the pipe was removed, circumstances which were sufficiently explained by the very contracted state of the rectum and colon which was found after death. Since the commencement of the œsophageal symptoms, those referred to the abdomen had remained in abeyance, and the ascites was greatly on the decrease.

The *post-mortem* examination presented several lesions, but those connected with the œsophagus alone seemed immediately concerned in the fatal result. The whole mucous membrane of this part was in an ulcerated condition, the ulcers appearing of very recent formation, having irregular edges, running into one another, without any appearance whatever of granulation. In some parts the whole thickness of the mucous membrane was destroyed; in others the ulceration was quite superficial. The veins were much congested, and the vessels had given way at intervals, for several points of extravasated blood were found in the sub-mucous areolar tissue. I discovered three or four minute tubercles in the substance of the mucous membrane, but was unable to determine whether they were of a malignant character. These lesions were confined to the œsophagus, for the mucous membrane of the stomach was perfectly healthy, and the pharynx presented no trace of disease.

A brother practitioner requested me to see, with him, a gentleman who had been ill for several days, with symptoms of a common catarrh, caught, as it was supposed, by his getting wet on a fishing excursion, and remaining for some hours in his damp clothes. He was now becoming much debilitated; and there were symptoms threatening the approach of a typhoid state; whilst the urgency of the case was greatly increased by a difficulty of swallowing, which had recently supervened. I found the patient really more ill than I had expected. The whole mucous membrane of the mouth and pharynx, as far as could be seen, was in a state of superficial ulceration, being of a yellowish gray colour, bleeding readily, and secreting a sanio-purulent matter. This diseased condition terminated in front, exactly at the point where the two lips come in contact on the mouth being closed, so that the outer portion of each lip was unaffected. The conjunctiva of the lids and globe was in the same state, secreting a muco-purulent matter, which gummed the lids together during sleep; whilst a similar condition of the Schneiderian membrane was indicated, by the nasal passages being blocked up by sanio-purulent incrustations. The patient was now sitting in his arm-chair; his manner was hurried and tremulous; and his wife assured us that there had been a good deal of muttering delirium during the night. The pulse was feeble, and the skin cold and clammy. What was at first a mere difficulty of swallowing, now amounted to a complete inability. Wishing to witness the effort, I requested the patient to try some brandy and water; he took a small quantity of it into his mouth, and made a convulsive attempt to gulp it down; but, instead of entering the œsophagus, the whole of it returned by the nostrils. From the symptoms, I could have but little doubt that the mucous membrane of the œsophagus, at least in a great part of its extent, was in a similar condition to that of the mouth and the other parts which have been mentioned. I felt confident, however, that the difficulty in swallowing arose rather from a spasmodic affection of the muscles, than from any mechanical impediment. On this view of the case, we determined upon using active counter-irritation along the neck. On either side, behind the trachea and larynx, and from the angles of the lower jaw to the clavicles, we freely applied the glacial acetic acid, by means of a camel's-hair paint-brush; this produced for a few seconds its usual intolerable smarting, but the relief to the dysphagia came sooner than we could have anticipated, for the patient was able to swallow immediately after the operation. From this time he had no impediment to deglutition, though the effort was still accompanied with pain. We now prescribed the sulphate of quinine, and allowed our patient as generous a diet as he could be induced to take, with a fair proportion of alcoholic stimuli. The vital powers, which had been fast sinking for want of nutrition, now revived, and we soon ceased to be alarmed about the result. The mouth was directed to be frequently washed with a lotion composed of the linimentum ærguinis, lime-water, and laudanum, until returning action, indicated by this application producing pain, warned us to its discontinuance. In about ten days all local symptoms had disappeared, though our patient still remained weak from the effects of his illness.

In his book "On Diseases of the Stomach," the late Dr. Abercrombie relates the following instance of this, as he calls it, rare affection. "A gentleman, aged twenty-six, came to town in June, 1826, to consult me about complaints in his head. On his journey he thought he had caught cold in crossing the Frith of Forth, and when I saw him he complained of his throat; and there was a glandular swelling on the right side of the neck. His voice was hoarse, with a peculiar husky sound. The fauces were of a bright red colour, without much swelling, but were covered in several places with aphthous crusts. He was at this time not confined, and there was not much fever; but, after a few days, he became more feverish, the other symptoms continuing as before. He was now confined to bed, and actively treated, and after eight or nine days he was much better, so as to be able to be out of bed; but there was still some soreness of the throat, with small aphthous crusts, and a husky sound of the voice. After a few days there was a recurrence of the fever, which now assumed a typhoid type, with considerable appearance of exhaustion. He had some dyspnœa, with much difficulty of swallowing. The attempts to swallow excited sometimes cough, and sometimes vomiting, and by both were brought up considerable quantities of a soft membranous substance. He became more and more exhausted, without any remarkable change in the symptoms, and died at about the end of three weeks from the first appearance of the disease.

"*Inspection.*—The whole of the pharynx was covered with a loose, soft, adventitious membrane, which also extended over the epiglottis; and portions of it were found lying in small irregular masses, within the larynx, at the upper part. A similar membrane was traced through the whole extent of the inner surface of the œsophagus, quite to the cardia. Near the cardia it lay slightly attached, forming a soft continuous mass, about the third of an inch in diameter, and with the œsophagus closely contracted around it. The other parts were healthy." —*Prov. Med. and Surg. Journ.*, Oct. 4, 1841.

28. *Peculiar Obstruction of the Bowels.* By DANIEL DONOVAN, M. D. (*Dublin Med. Press*, Nov. 8, 1848.)—The author states that he has met within a week with four cases of obstructed bowels, occasioned by a large mass filling up the rectum, and incapable of being passed per anum. The symptoms in all the cases being exactly alike, the history of one will suffice to explain the others.

Patrick Hanly, aged 50, applied at the Skibbereen Dispensary on the 23d inst. He was then labouring under severe tenesmus and bearing-down pain; and to use his own words, "had a bowel complaint on him for four days, and could pass nothing but red blood." He further stated that "he could make no water, and that there was a lump in his seat."

This description of his disease, and the fact that my attention had been directed to the subject by my friend Dr. Fitzgibbon, who detailed the particulars of two similar cases that occurred in his practice a few days before, led me to make an examination, and I discovered at the orifice of the gut a large solid mass. The parts around the anus were puffed out, and the sphincter was distended to the utmost.

It was evident that mechanical means could alone relieve the sufferer: and on using the handle of a pewter spoon for the purpose, a large quantity of consolidated potato skins, with some portion of the substance of the tubers and coarse Indian meal, was dislodged. The retention of urine was immediately removed, and the other symptoms relieved, but recurred, and required for four successive days the same treatment, together with the administration of large enemata of warm water, which assisted in bringing down and breaking up the firm mass that filled the intestine.

These concretions are almost entirely formed of potato skins, and are consequent on the use of diseased tubers, in which the peel and farinaceous substance of the potato are so intimately blended together, that it is impossible to detach the former in the ordinary way; and large quantities of the skins are consequently swallowed, and accumulating in the bowels, form the obstructing masses that I have described.

It is of much importance that a correct diagnosis should be formed in this disease, as from the similarity of some of the symptoms, it may be confounded with dysentery, and lead to very unavailing or even mischievous treatment.

"The straining at stool, the evacuation of blood from the ulcerated lining of the rectum, and the retention of urine that may be mistaken for suppression, are all symptoms which are exhibited by the malignant dysentery that has raged for the last two years, and may lead to an incorrect diagnosis of the disease that I am alluding to; but there is one diagnostic character that, once observed, cannot be mistaken, and which clearly points out the nature of this complaint—I allude to a very peculiar sour smell from the body of the patient, like that exhaled from fermenting potato skins,—a substance used by weavers in the manufacture of coarse linens. Whenever this smell is recognized in cases exhibiting the other symptoms that I have described, an immediate examination of the rectum should be made, and mechanical means should be immediately employed to unload the gut, as any other plan of treatment would be perfectly useless.

"A similar species of obstruction was very common in the autumn of 1846 from the use of boiled wheat."

29. *On the Simultaneous Progress of Gout and Phthisis.*—Dr. GARROD read a paper to the Westminster Medical Society (Nov. 18, 1848) on the simultaneous progress of cases of gout and phthisis. He was induced to bring this subject before the notice of the Society, as in a paper on phthisis, communicated during the last session, it was asserted that a gouty condition of the system or blood was inimical to the development of tubercular disease, and it was suggested that, for the purpose of preventing or curing the latter affection, an attempt should be made to produce a gouty diathesis; and even the internal administration of urate of soda was hinted at. Dr. Garrod first spoke of some recent researches he had made on the subject of gout, which will appear in the volume of the *Transactions* of the Royal Medico-Chirurgical Society now in the course of publication, and described what he considered to constitute a gouty condition of blood, alluding to the presence of an excess of uric acid, before and during the paroxysm, in acute gout, and as an almost constant accompaniment in those forms of the disease where tophaceous or chalk-like deposits take place in different parts of the body. Dr. Garrod then stated, that if the gouty and tubercular diathesis were antagonistic, phthisis would never become developed in the inveterate forms of gout above alluded to. To prove, however, the fallacy of the idea, the following case was related:—A young man, aged twenty-eight, a native of London, whose father and grandmother had suffered from gout, applied for relief at University College Hospital, and was admitted, under the care of Dr. Williams. He was a painter by trade, and for some years he had been of very intemperate habits, but until the last few, had had plenty of food and clothing. From the age of seventeen, he had suffered from what he termed "rheumatism," (gout?) but had had an affection of the heart with it. Formerly, he was of full habit, but about three years since, began to lose both flesh and colour, although he did not feel particularly ill, and had no cough at the time. He was soon after seized with an attack of gout, both in his feet and hands, tophaceous deposits formed, and he was confined to his bed for twenty-eight weeks. About two months after his recovery, he was again attacked, and then had a severe cough, with expectoration of a greenish hue. The pectoral symptoms continued for about four months, the gouty two months longer. From this date until his admission into the hospital he was constantly suffering from chest affection and gout; hæmoptysis had occurred once, and deposits of urate of soda frequently came away from his joints. When admitted into the hospital he was pallid and emaciated; complained of pain in various joints arising from gouty inflammation; also of pain in his side, cough, and expectoration of a muco-purulent character. On physical examination, clear evidence was found of the existence of tubercular deposition in both lungs, especially the left, at the apex of which, a distinct cavity was indicated by the production of pectoriloquy and cavernous respiration; during the remaining month of his life, the gouty affection continued to progress, now appearing in one part, now in another, and occasionally with the discharge of urate of soda from some of the joints. The thoracic affection also continued to advance, accompanied with hectic symptoms, increase of cough, and sharp pain in different parts of the chest, until he fell into a state of stupor, and so continued for a day or so, when death took place. The post-mortem appearances fully proved the accuracy of the diagnosis. At the

apex of the right lung a cavity was found, large enough to contain a walnut, the rest of the lung being studded with scattered tubercles in different stages of development. The apex of the left lung was excavated to the depth of four or five inches, and the remaining portion was sprinkled throughout with gray tubercles. The heart was healthy; the liver had patches of soft tuberculous deposit on its surface; the kidneys were small, and many of the tubuli filled with a white matter, consisting of crystallized urate of soda and uric acid; spleen enlarged. Mucous membrane of the colon ulcerated in patches. An examination of the blood was also made, and it was found to contain a very large amount of uric acid, larger than Dr. Garrod had ever before obtained. Some remarks were then made on other cases, in which gout and phthisis existed together; the rarity of the combination being easily accounted for by the fact, that gout in general does not appear till after the age of forty, whereas tubercular disease is much more frequent before that period. It also appeared very doubtful to the author whether, granting the correctness of the hypothesis advanced in the paper alluded to, a gouty condition of blood could be induced by the internal administration of urate of soda.—*Lancet*, Dec. 2, 1848.

30. *Influence of Physical Agents on Variola*.—M. SERRES, in a memoir read to the French Institute, (25th September,) inquires, why the skin is the seat of election of the variolous pustule, while the mucous membranes are comparatively seldom affected? This he considers to be owing to the influence of the air on the development of the pustules, which are most largely developed on the face and hands, where there is the greatest exposure; and most scanty on the hairy scalp, the axilla, and about the genitals, where the parts are protected from the contact of the atmosphere either by the presence of hairs or by position. The influence of the air upon the production of the variolous pustules is further shown, by the circumstance, that when the mucous membranes are attacked, it is invariably those which are exposed to the contact of the air. Thus, in fifty cases in which the pharynx, epiglottis, and larynx were attacked by the pustules, he has uniformly found that these stopped short at the glottis, the œsophagus remaining quite sound. In the majority of instances, likewise, the conjunctiva, vagina, and rectum, are exempt from the affection, being in the normal state secluded from the contact of the atmosphere; but if these membranes are everted as in trichiasis, and in prolapsus of the uterus, and rectum, they are readily attacked by the pustules.

M. Serres considers, that these views as to the development of the pustules of variola, are borne out by experiments. Thus he finds, that, by covering the pustules with little cups of darkened glass, or enveloping them in honey, or in a layer of fatty matter, their progress is arrested; a result which he ascribes solely to the exclusion of the air.

The condition of the atmosphere (as might be expected from the above remarks) exercises a most important influence over the severity of small-pox. From an extended consideration of the epidemics of different countries, it is found that the disease reaches its maximum of intensity in a dry atmosphere; and that the dry heat of the south and dry cold of the north are equally unfavourable in relation to variola. This is particularly shown in the epidemics of Holland; and it was this circumstance which Sydenham had in view, when he said that a moderate temperature was especially favourable in variola.

In the Hospital of La Pitié, during the years 1817, 1818, and 1819, the variolous patients were treated in ill-ventilated, dark, and moist wards; there were few confluent cases. However, conceiving that these wards were insalubrious, M. Serres had the patients removed to wards in the fourth story, very dry, exposed to the south and north, warm in summer and very cold in winter. The result was unfavourable; the eruptions became more grave, and the mortality increased. Under these circumstances, the patients were again removed to the ground floor. Thus was illustrated, on the small scale, the same truth as springs from a consideration of the extended epidemics before mentioned.

If it be thus proved that moisture exerts an influence on the development and intensity of variola, it is not unlikely, according to M. Serres, that the same cause tends to impede the development and efficacy of the vaccine pustule. It

remains to be decided by statistics whether the vaccine virus is less active and less preservative in its influence in the moist climates of the south of Europe, than in the drier ones of the north.—*Month. Journ.*, Nov., from *L'Union Médicale*, Oct. 5th, 1848.

31. *On the Employment of Nitrate of Potass in Acute Rheumatism ; with Suggestions for the Use of Saline Solutions as External Applications in Local Rheumatic Inflammation.* By W. R. BASHAM, M. D. (Proceedings of Royal Med. and Chirurg. Soc., Nov. 14.)—The author takes, as the basis of his essay, the following facts: 1st, that in acute rheumatism, as in other inflammatory diseases, the most important changes in the composition of the blood are the increased quantity of fibrine, and the deficiency of the saline ingredients; 2d, that where this state of the blood exists there is a special disposition to the deposit of fibrine, and the formation of adventitious tissues; while in diseases in which the fibrine is deficient, and the salts in excess in the blood, the blood does not coagulate, and hemorrhages of a passive character occur; and 3d, that although, as his own experiments have satisfied him, saline solutions have not the power of dissolving coagulated fibrine, yet certain salts in solution, mixed with the blood at the moment of its escape from the body, possess the property of suspending or retarding the separation of the fibrine. He next inquires whether any therapeutic principle can be derived from these facts, and proposes the question, whether saline remedies, largely employed, may not suppress the tendency to the fibrinous exudation, or retard it, so as to give time for other remedies to diminish the proportion of fibrine present in the blood. With reference to this question, he alludes to the observations of several physicians on the use of nitrate of potash in acute rheumatism, and details his own experience of its effects. He gives one, two, or three ounces of nitrate of potass, largely diluted, (in two quarts of water,) in the twenty-four hours. In the majority of cases no obvious effect is produced on the force or frequency of the pulse, the digestive functions, or the quantity of urine exuded. But the urine always acquires a high specific gravity, and nitrate of potass may be detected in it. The swelling, heat, and pain of the joints affected with rheumatism are relieved in a most marked degree, even when no other remedies are employed at the same time. There is a certain amount of exemption from cardiac complication; and cardiac inflammation, when present, is more amenable to remedies. In a case which the author relates, he examined the blood of the patient before the commencement of the saline treatment, and again after this treatment had been continued for some days. In the first instance it was buffed and cupped, the fibrine was in excess, and the salts were deficient. After the administration of the nitre there was no buffy coat, the proportion of fibrine had diminished, and that of the salts greatly increased. The author presumes, therefore, that while the internal use of the nitrate of potass assisted to restore the proportion of the saline constituents, the other treatment employed tended to lessen the excess of fibrine. Some remarks of Mr. Gulliver have led the author to investigate the effects of the external application of saline matters to parts affected with rheumatism. His experiments have been principally made with nitrate of potass. In chronic rheumatism he has used the iodide of potassium, and in gout the bibasic phosphate of soda. He applies the saline substance by means of the spongio-piline, a portion of which, large enough to envelop the part affected, having been moistened with water, the salt employed is sprinkled in powder freely on the spongy surface: it is then applied to the part, and secured with a roller. In numberless instances, by this simple treatment, he has witnessed the most palpable and instant relief to the local inflammation. Constitutional remedies were employed at the same time, but the relief was proved to be due to the saline applications, by the fact, that where several joints were affected, only those were relieved to which the salt was applied. At the end of the paper the author gives an abstract of seventy-nine cases of acute rheumatism, showing the results of treatment, and other particulars.

Dr. Henry Bennet had witnessed the results of a similar mode of treatment to that practised by Dr. Basham, in Paris, in 1837, and subsequently. In that year, M. Gendrin had instituted a series of experiments with the nitrate of potash, in acute rheumatism. He gave it in doses varying from six to twelve drachms. He had seen this treatment adopted in about as many cases as were recorded in the

paper before them, and with the same result. It was found to be a safe, powerful, and energetic remedy. In the experiments of M. Gendrin, no other medicine was given, not even aperients. The result of the treatment was generally successful, but in every tenth or twelfth case it was found necessary to resort to the old remedies, bleeding, calomel, and opium, &c. It was noticed, also, that patients treated with the nitrate of potash were unusually free from cardiac disease, more so, indeed, than when any other kind of treatment was adopted. Another noticeable circumstance connected with this mode of treatment was, that patients recovered more rapidly from the disease than when any other plan was pursued. This was most important, particularly in Paris, where bleeding was often resorted to, to a considerable extent, and patients were consequently kept months, and even years, in a weakly condition. He had never seen any injurious effects from the large doses given. This, no doubt, was owing to the large quantity of fluid in which the medicine was dissolved. In all cases of poisoning by this agent, recorded in works on medical jurisprudence, the quantity of fluid used was small. He (Dr. Bennet) had recorded some cases treated by this medicine, in the *Lancet* of 1845. The plan pursued was perfectly original, and the originality was due to Dr. Basham. In slight rheumatic cases, in which there was little febrile action, this treatment was most beneficial, the patients recovering in four or five days.

Dr. Basham said, that in only two cases had he treated the disease by nitrate of potash alone. The acute, inflammatory symptoms usually gave way on the third or fourth day; and it was important to state, that in no one case treated by the nitrate of potash had there been any relapse. This was a strong recommendation of the value of the treatment, when we recollected how common relapses were, when the other modes of treatment were employed. In the first instance, he had given as much as four ounces of the salt in the twenty-four hours, but he had now reduced the quantity to one or two ounces in that period. A great quantity of the salt escaped by the urine, the quantity of which was not much increased, but its specific gravity was a great deal higher, averaging between 1030 and 1040. This increase in the specific gravity he considered was due to the potash.—*Lancet*, Nov. 25, 1848.

32. *Collodion in the Treatment of Diseases of the Skin*.—By ERASMUS WILSON, Esq. (*Lancet*, Nov. 18, 1848.)—The author first employed this article in a case of scrofulous ulceration of the skin, and from careful observation of its effects in that case found it to possess four important properties, viz.

First. That of a mild stimulant.

Second. That of an efficient substitute for the natural scarf-skin.

Third. That of a mechanical compress.

Fourth. That of an adhesive glue, from which quality it derives its name.

First. As a mild stimulant, it is fitted to exert a local alterative action on the congested capillaries of a chronic ulceration, and give activity to the healing process.

Second. In its character of a substitute for the absent scarf-skin, it is transparent, pliant, and more or less impermeable, according to the thickness of the layer that may seem to be required.

Third. Its most remarkable property, as it seems to me, is the contraction which occurs during the dessication of the collodion, and which produces a local pressure of considerable power on the surface to which it is applied. Thus, in the case above related, the congestion of the thickened skin was relieved by the varnish-like film of collodion spread upon its surface, by means of a camel-hair brush, as completely as if a nicely-adjusted bandage had been placed over it. In another instance, I found a film of collodion entirely remove a purple congestion (resulting from imperfect circulation) from the tip of the nose, in a lady who had long suffered from the annoyance. In a third case, in which the fingers of an elderly lady were congested and blue, and the congestion was attended by pain and throbbing, like that which accompanies chilblains, the collodion produced so much contraction as to render their tips white and bloodless, and I was obliged to discontinue the application in consequence.

Fourthly. The glue-like property of the collodion is evinced in its adhesion of cut surfaces, a property which is much increased by the contraction above men-

tioned. When employed with the purpose of keeping together the edges of an incision, a piece of cambric or thin linen rag should be dipped in the solution, and placed along the line of incision, after the cut edges have been adjusted and carefully dried, perfect dryness of the skin being a necessary condition to the adhesion of the solution. From the rapidity with which the solution dries, and its perfect adhesive powers, collodion is likely to occupy an important place among the "adjuvantia" of surgical practice.

The diseases of the skin in which Mr. Wilson has hitherto used the collodion with advantage are, chronic erythema of the face; intertrigo; chapped nipples and chapped hands; herpes labialis, preputialis, and herpes zoster; lichen agrius; lupus non exedens and exedens; acne vulgaris; and several affections of the sebiparous organs. In chronic erythema of the face, its contracting power was most usefully evinced, as it was also in lupus non exedens, and acne.

In a troublesome case of chapped hands and fingers, resulting from chronic lichen agrius, the collodion acted not merely as a protective covering, but also promoted the healing of the cracks more quickly than the remedies Mr. W. has been in the habit of employing. In chapped nipples, it was even more efficient in its protective and curative action, and seemed, in the two instances in which he used it, to work a charm upon the painful skin. The gaping cracks were instantly drawn together and almost obliterated by the contracting power of the remedy, and were effectually shielded from the influence of moisture and the pressure of the gums of the infant, and all this, in consequence of the rapid evaporation of the ether, in an instant of time. In another point of view Mr. W. considers the remedy invaluable as an application to chapped nipples—namely, as being in nowise injurious to the infant, from offering nothing which can be removed by the lips during the act of sucking, and in this particular, therefore, possessing a vast superiority over the various forms of ointments, astringent lotions, &c.

In four instances, it immediately put a stop to herpes labialis, and in a very severe attack, it showed itself to be a powerful and useful remedy. Small superficial ulcerations of the corona glandis and prepuce, caused by excoriation, were cured by a single application, and in a gentleman very susceptible of excoriation, it acted admirably as a prophylactic. From the success of the latter trial, Mr. W. is inclined to think that it might be usefully employed as a prophylactic, in cases of exposure to syphilitic contagion.

When properly applied, the collodion enters all the crevices of the lines of motion of the skin, and adheres so firmly as to require several washings for its removal. As it is usually prepared, it has the consistence of syrup, and in this state is best suited for those cases in which its adhesive properties are principally needed. Where, however, it is intended to be applied to the surface of an ulcer or abrasion, or to chaps of the skin, Mr. W. finds it convenient to dilute it with ether, and render it almost as limpid as water.

In pursuing this subject, Mr. W. has made trial of a solution of gutta percha in chloroform, and also in benzole, but these solutions he has found very inferior to the collodion, for the purposes above named.

33. *Epilepsy cured by cauterization of the Sinciput.*—Doctor LEBRETON relates in the *Gazette Médicale de Paris* (30th Sept. 1848), a case of epilepsy of eight years' duration in a person 21 years of age, cured by five or six applications at intervals, of the actual cautery to top of the head, along the sagittal suture. The cauterizing iron was two lines in diameter, and the whole thickness of the skin was implicated.

34. *Arsenic in Furunculus and Acne.*—Dr. SCHWEICH has prescribed arsenic with great success, in various cases of furunculus that have come under his care for some time past, and has found the cure very durable, and the use of the medicine, during which the ordinary diet may be continued, attended with no inconvenience. He begins with four drops of Fowler's solution forenoon and afternoon, until a drachm has been taken, and then gives five drops until the second, and six drops until the third is attained, and so on. *Acne simplex*, in which the knotty pustular appearance of the eruption gives it the character of a miniature furuncle, and which is often so obstinate, and, when attacking the face of young people,

so annoying, yields as readily to the arsenic. The injurious effect of aperients in these affections leads to the supposition that the source of the dyscrasis is a specific irritation of the alimentary canal, which is only augmented by the stimulus of purgatives, especially the saline.—*Brit. and For. Med.-Chir. Rev.*, Oct. 1848, from *Casper's Wochenschrift*, No. 6.

35. *On the Use of Stomachics in Dyspepsia.*—Your heavy feeder's safety lies in his dyspepsia: cure this and you kill your patient. The man who takes five times too much nourishment into his stomach, would die at once, if the digestive system would convert it into five times too much blood. He that habitually overfeeds, suffers from a dyspepsia, which prevents more blood than is necessary being elaborated, and is much more frequently the cause of a deficient supply. A certain quack medicine once obtained an extensive reputation for the cure of gout. The Duke of Portland, whom it had benefitted, bought the recipe for two thousand guineas, and made it public. Hence, it was long known as the Portland powder. All who suffered from gout or dyspepsia, fortified their stomachs for the pleasures of the table with this medicine, and agreed that they never felt better or enjoyed themselves more. Somebody, however, at length discovered that no one lived long, after being cured by the Portland powder. All died in the course of two or three years, of apoplexy, or an attack of acute inflammation. The tonic action of the bitter ingredients of this medicine had enabled the digestive system to elaborate a larger supply of blood than was necessary, and the brittle vessels of the brain were burst by the distension to which they were subjected, whilst a predisposition to acute inflammation arose from a redundancy of organizable material.—*Prov. Med. and Surg. Journal*, Oct. 1848.

36. *Belladonna in the Nocturnal Incontinence of Urine in Children.*—M. TROUSSEAU narrates the case of a girl, five years old, who, since her third year had been the victim of this obstinate complaint. No effort was neglected on the part of the parents to remove the habit; but all the means adopted—some of them sufficiently severe—were without effect. A pill, containing one centigramme of the powder and half a centigramme of the extract of belladonna, was ordered to be taken every night at bed-time. During the first week two nights were passed without accidents; and from that time, with two or three exceptions, the complaint entirely disappeared. The treatment was resumed from time to time for nearly a year. This is only one of several cases occurring, as well in his own practice as in that of M. Bretonneau, in which Professor Trousseau has observed marked benefit from the use of this drug.—*L'Union Méd.*, Oct. 14, 1848.

In a more recent number (Oct. 21) of the same journal, Dr. BLACHE, physician to the Hôpital des Enfants, records two very obstinate cases of nocturnal incontinence of urine occurring in individuals, one fifteen and the other eighteen years of age, where mercurial and sulphurous baths, refrigerant and astringent applications, tonic and ferruginous medicines, tannin, ergot of rye, nux vomica, and all other means had failed. Ultimately belladonna was exhibited with complete success.—*Monthly Retros.*, Dec. 1848.

37. *Local Application of Chloroform in Lumbago.* By M. MOREAU.—Three cases of this disease are detailed in which immediate and permanent relief was obtained by the application to the loins of a piece of lint on which some chloroform had been ponied. Oiled silk ought to be laid above the lint, to prevent the evaporation of the chloroform. In a few minutes the patient complains of a burning heat in the part, which becomes red, and occasionally vesicles are formed; at the same time the rheumatic pain disappears. The author thinks that the cure cannot be attributed solely to the counter-irritation, as in one of the cases recorded sinapisms had been previously employed, without success. He supposes the chloroform to reach by imbibition the cutaneous and superficial muscular nerves, on which it exerts its anæsthetic power.—*Monthly Retros.*, Dec. 1848, from *L'Union Médicale*, Oct. 21, 1848.

38. *Local Application of Chloroform to a Pelvic Tumour.* By M. LEGROUX.—In a case of pelvic tumour, where the patient suffered from severe pains of the inferior

extremities, probably in consequence of the nerves being compressed in traversing the pelvis, the usual means of affording relief having failed of success, M. Legroux determined to try the local application of chloroform. A sponge containing chloroform was placed in the foot of a large boot of wax-cloth, constructed for the purpose, so that the vapour only came into contact with the skin. A feeling of warmth, prickling, and numbness, was soon experienced. The application was continued for several hours; when complete, anæsthesia was established, and the neuralgic pains had entirely ceased. The absence of pain continued several days, and the same treatment was equally successful on its return.—*Ibid.*, from *Ibid.*, Oct. 31, 1848.

39. *Case of Hydrophobic Mania successfully treated with Chloroform.* By R. Y. ACKERLEY, Esq.—John L——, a labourer, aged thirty, of a phlegmatic temperament, had been residing for about a fortnight in his house by himself, (his wife having gone into the country with a sick child, for change of air;) and had been complaining of not feeling quite well for a week or ten days; his general habits were very quiet, sober, and peaceable, but for the last few days he had been exceedingly irritable towards his fellow workmen. Between ten and eleven years ago he had been bit in the leg by a rabid cat, and the wound had been cauterized with a hot iron at the time. His general health had been very good.

On the 14th of January, when his wife returned, he complained of lowness of spirits and a giddiness in his head; passed a very restless night; said he feared he was going to lose his senses, occasionally mentioned the bite of the cat, and attributed his illness to that cause, examining at the same time the cicatrix on his leg. He did not go to work on the following day, but rambled, and said he feared that something dreadful was going to happen to him; took his food well; had frequent flushings in the face, with occasionally a feeling of coldness in the back, but no distinct rigor, nor headache. He got some medicine from a druggist, which purged him; the evacuations were very dark; had no sleep all night.

On the following day (Saturday) he thought himself rather better, felt hungry, and wanted breakfast and dinner early, of which he partook freely; at supper he could not eat, but looked wild, and rambled in his conversation. At eleven P.M. my assistant, Mr. Bryde, saw him: his tongue was red and moist; pulse 95; skin hot and dry. Ordered five grains of calomel immediately, to be followed by a saline febrifuge mixture every four hours, and a blister to the nape of the neck. Had restless sleep during the early part of the night, but none towards morning; took his medicine regularly during the night, but towards noon was unable to swallow liquids, which were rejected with great force by a spasmodic action of the muscles of deglutition. He refused drink during the remainder of the day, but took his medicine from me in the evening with great difficulty. After sleeping about two hours, he was more calm, but not quite collected; is constantly rambling about a cat; fancies he sees one in the room, and asks his brother to kill it. Pulse 90 and soft; skin hotter than natural; complains of a heavy beating and shooting pain about the diaphragm, and giddiness in the head; is constantly wiping a viscid saliva from his mouth; the eye very wild; he shrinks under the bed-clothes when spoken to, and tries to hide himself. I examined the leg and found the cicatrix quite natural; tried every means to banish the idea of hydrophobia from his mind. Ordered extract of Indian hemp, five grains every four hours.

January 18th. Has passed a better night; appears very sullen, and either unable or unwilling to answer any questions; frequent flushings of the face, and a horror of fluids when offered to him; at my request he attempted to drink a little tea, but when he got it into his hand he turned from it with dread. Has taken nothing but his medicine during the night; pulse 92; tongue red, but not dry; slight epigastric tenderness; skin cool; pupils dilated; conjunctivæ not at all injected. The Indian hemp to be continued.—Three P.M.: sullenness increased; will not answer any questions, and refuses everything offered to him; in other respects much the same as in the morning. Every precaution was now taken that he should not do any injury to himself or others, as it was feared that furious mania might supervene. My friend, Mr. Bainbrigge, met me in consultation at ten P.M. Has taken his medicine better, and also a cup and a half of tea, which he sucks through his teeth; he still refuses to answer any questions.

19th. Sleepless night; he talks of the cat, and attributes his illness to that cause, but still will not speak when spoken to. Bowels constipated; tongue dry and red. Ordered calomel, ten grains, to be taken immediately.

20th. No sleep all night; left eye injected; the spasmodic contractions of the muscles, which at first were confined to the throat, have now extended to the limbs, the elbows being drawn very much backwards towards the spine; the wrists and feet also distorted. Has been very violent during the night, requiring the assistance of four men to hold him, and shouting and struggling incessantly.

We now came to the determination of trying the chloroform, which put him to sleep in about three minutes; he did not awake again for three-quarters of an hour; when he appeared much more calm, recognised his wife, and kissed and embraced her; deglutition better; the bowels had not acted; pulse ninety. To have four ounces of infusion of senna, and a blister over the scalp; in the evening we found him much quieter: the bowels had acted; passes his urine and stools involuntarily. The effect of the chloroform was so decided in the morning that we resolved to repeat it, which was accordingly done with the same beneficial effect. The cerebral symptoms, however, returned about one in the morning, and at our visit at ten o'clock on the 21st, we found him a perfect maniac; conjunctivæ of both eyes much suffused; dilatation of pupils; skin cool; no unnatural action about the carotids; spasms of the limbs increased, and extending to the muscles of the spine, producing occasionally a state of opisthotonos. The chloroform was again administered, and he remained very quiet during the day, sleeping at intervals. The chloroform was used again in the evening. The emaciation was very marked, and to a greater extent than we had ever seen it in any other disease of the same duration. He was ordered wine and brandy, with arrow root and beef-tea.

22d. This morning we found him worse again; total deprivation of all his mental faculties. Ordered an ointment of tartar-emetic and croton oil, to be rubbed over the whole extent of the spine. Ice to be applied to the head, and to have the chloroform. In the evening, symptoms somewhat better; chloroform repeated.

23d. Has passed a more comfortable night: the conjunctivæ less suffused; countenance more intelligent; tongue becoming moist and less red; pulse ninety-four; bowels constipated. Ordered one drop of croton oil, every four hours; chloroform repeated.—Evening: appears better in every respect; the bowels have acted. Ordered muriate of morphia, one grain, to be taken immediately; and chloroform.

24th. Had several hours' sleep, and is more sensible; complains of his hands and feet feeling cold. The ice to be discontinued, and to have hot water to the feet. Ordered chloric ether half an ounce, carbonate of ammonia half a drachm, camphor mixture seven ounces and a half. Mix. An ounce to be taken every three hours.—Evening: better in every respect, except that the pulse has got up to 120; this might be attributed to his having had too many of his friends seeing him. Gave the chloroform, and in fifteen minutes we found the pulse had come down to eighty-eight. Repeat the morphia and mixture.

25th. Has had an excellent night; returning intelligence; pulse ninety-four; skin warm; still passes his urine and stools under him; expression of countenance improving. From this time the improvement was so rapid and continuous that I shall not consider it necessary to describe the symptoms daily. The chloroform was administered occasionally, with tonics and stimulants; and in about a fortnight he went into the country, quite well both in mind and body.—*Lancet*, July 29th, 1848.

40. *Use of Chloroform in Insanity.* By Dr. M'GAVIN.—The importance of the subject induces us to give entire the following remarks on cases in the Montrose Lunatic Asylum:—The introduction of chloroform, immediately after the nature of this wonderful agent became known, has constituted the only new feature in what may be styled the purely medical part of the treatment. Its beneficial effects have been conspicuous in many cases in which it has been used during the latter part of the last year. The first two patients selected for experiment with the chloroform, were the most noisy and excited in the establishment. One laboured under acute mania; the other was a decided melancholic. In the first case, all the ordinary and approved means for calming excitement and allaying irritability

had been, for two or three days, steadily persevered in without much benefit. It then occurred to me that chloroform might be tried. The patient was accordingly secured, which, by the way, was not a very easy task, and the inhalation commenced. The first inspiration was succeeded by a struggle; but this resulted more from dread on the part of the patient that some mischief was to befall him than from any other cause. After a few more inspirations, he complained of sickness; and in less than a minute and a half from the commencement of the inhalation, the functions of the brain were completely suspended. He remained in the comatose state for a minute or two after the withdrawal of the vapour. While recovering from his state of unconsciousness, he looked confused, and reeled about the room like a person under the influence of some intoxicating liquor. In a short time he completely recovered from the immediate effects of the chloroform, but its soothing influence was conspicuous for the greater part of the day. He became drowsy—slept a short time—and was afterwards less excited, and more collected and rational than he had been since his admission. The chloroform was exhibited from time to time in this case, and sleep almost invariably followed. The patient ultimately got better. The second patient operated on was a woman possessed of a strong suicidal tendency, who had been moaning and crying incessantly for days and nights without intermission. She had not been observed to sleep for nearly seventy-two hours. The chloroform was exhibited in the usual way, and very soon reduced her to a state of unconsciousness. On recovering, she complained of sickness, and vomited; after which she was, at her own request, placed in bed, where she enjoyed a sound and refreshing sleep for upwards of three hours. So sensible was this patient of the benefit she derived from the chloroform, that, when afterwards agitated and overwhelmed with despair, she would implore the medical superintendent to repeat the exhibition. In this she was often indulged. In the first case alluded to, I have very little doubt that the chloroform had a considerable share in conducing to recovery, or, at least, that it paved the way by suspending the functions of the brain, and thus affording rest to its substance. No doubt the same thing is accomplished in similar cases, and might have followed in this case also, by the exhibition of sedatives and hypnotics; but before sleep is procured in this way, days and weeks sometimes intervene. The rapidity with which the chloroform acts, and the consequent saving of time to the physician, and of nervous energy to the patient, are strong arguments in its favour. It is difficult to say *à priori*, how far the prolonged exhibition of chloroform may be useful in correcting morbid trains of thought in cases of insanity unattended with excitement. Experiments, with a view to the solution of this question, could not but prove interesting.—*Monthly Journ. and Retrospect Med. Sci.*, Oct., 1848, from *Dr. M'Gavin's Report of the Montrose Lunatic Asylum*, 1848.

41. *Insanity cured by Sulphate of Quinine.* By M. PIORRY.—Four cases of mania are reported, in which a complete cure was effected in periods varying from twenty-four to forty-eight hours, by the use of this medicine. The cases were recent and acute; they were characterized by various sensory illusions, and by the occurrence of a paroxysm about the same hour every evening. We give the details of one case.

A woman, thirty-five years of age, was brought into the hospital in a state of furious delirium, which rendered necessary the use of the strait-jacket. She imagined that she heard the voices of several persons constantly talking beside her, and in particular of an individual who had excited her jealousy, and of whom she wished to rush in pursuit. The attendants were obliged to tie her down in bed, and the house-surgeon proposed sending her to the Salpêtrière.

Two days afterwards, M. Piorry saw her at his morning visit, and found her very irritable, but succeeded in getting from her some account of her complaint. Her disease commenced with noises in the ears and imaginary voices, followed by delirium, of which she was herself sensible. All these symptoms were much aggravated at night. She was ordered fifteen grains of quinine; no other treatment. Next day there was no delirium, and the day after she was perfectly well.

These cases are very remarkable from the rapidity with which they were cured. M. Piorry considers the delirium of insanity as often induced by certain abnormal sensations, and functional derangement of the organs of sense, and of other parts

of the system. In this point of view, it is analogous to various nervous and neuralgic complaints, which are frequently periodic in their attack. Periodicity, indeed, according to his view, is the normal mode of action of the nervous system, and it is therefore not improbable that certain morbid phenomena should obey the same law. In such cases, quinine is indicated from its anti-periodic powers.—*Monthly Journ. and Retrospect Med. Sci.*, from *Gazette des Hôpitaux*, Aug., 1848.

SURGICAL PATHOLOGY AND THERAPEUTICS AND OPERATIVE SURGERY.

42. *Ligature of the Primitive Carotid Artery for an Aneurismal Tumour in the Temporal Region.*—M. BARRIER has recorded in the *Journ. de Méd. de Lyon* a case of aneurismal tumour in the temporal region in a woman thirty years of age, resulting from a blow. When the patient was admitted into the Hôtel Dieu of Lyons, the tumour was of the size of three-fourths of an orange, and extended from the ear to the angle of the eye; it was pulsatile, its pulsations ceasing on the compression of the temporal artery towards its origin, or more completely when the primitive carotid was compressed. M. B. tied the primitive carotid on the 3d of November; demiaphonia and difficulty of deglutition supervened, but both ceased on the third day. The ligature came away on the thirteenth day. On the 10th of December, the date of the last report, it is stated that the wound had almost entirely healed; the tumour had decreased in volume and there was no pulsation in it; and all cerebral symptoms had ceased.—*Gaz. Méd. de Paris*, 30th September, 1848.

43. *Strangulated Hernia, reduced by Fright.*—M. CABARET reports in the *Journal de Montpellier*, a case of strangulated inguinal hernia, in a man thirty-five years of age, which, having resisted all means of reduction, it was determined that an operation was necessary. The patient was excessively alarmed on this being announced to him. The skin over the tumour was shaved, a fold drawn up, and an incision was about to be made, when the patient fell into a sudden collapse. M. C., looking then at the tumour, perceived a movement in it, and on placing his hand on it, found that reduction had spontaneously occurred. The patient speedily revived under the use of stimulants and a rapid cure was accomplished.—*Gaz. Méd. de Paris*, Sept. 23, 1848, from *Journ. de la Société de Méd. Pratique de Montpellier*.

44. *Application of Laudanum in Orchitis.*—It is well known that the pain which attends the acute stage of orchitis and blennorrhagic epididymitis is most intense. M. VOILLEMIER employs the following treatment which relieves those pains when most intense, in a few hours. He envelops the inflamed testicle in a compress dipped in pure laudanum, and covers it with oiled silk. In three or four hours the organ is narcotized; the pains cease and the inflammation always rapidly abates.—*Gaz. des Hôpitaux*, July 8th, 1848.

45. *Rigidity of the Hand after Fracture of the Forearm.*—M. HERVEZ DE CHEGOIN observes, that owing to the compression used in the treatment of fractures of the forearm, and the prolonged extension of the fingers, the patient often remains with an impaired mobility of the hand and fingers, which places him in a worse state than if no treatment whatever had been employed. Indeed, on this account M. Velpeau has abandoned the use of apparatus in these fractures.

The manner in which the author treats these cases, so as to prevent rigidity, is as follows:—In those in which there is no displacement he merely lays the forearm on a somewhat solid surface; but where there is a constant tendency to the reproduction of the displacement, he places it on a very thick and firm cushion, terminating opposite the bend which separates the hand from the arm—bring it more or less near this bend, accordingly as the lower fragment projects forwards or backwards; so that in the first case it is this fragment which is brought against the cushion, and in the other, the lower extremity of the upper fragment.

The hand is allowed to hang down in front of, and below, the cushion. On the twelfth day a splint and compress four inches long are substituted, and kept on by two broad tapes tied over a single pad on the back of the arm, so as to avoid all constriction. If there is displacement towards the interosseous space, a compress may be there interposed. Entire consolidation takes place towards the thirty-fifth day, and, in consequence of the absence of injurious compression, neither gangrene, muscular atrophy, nor adhesions occur, and tedious convalescence and imperfect recovery are avoided.—*Brit. & For. Med. Chirurg. Rev.*, Oct. 1848, from *L'Union Médicale*, No. 46.

46. *A New Mode of Performing Lithotomy by the Rectum.* By M. MAISONNEUVE.—An interesting case has been recently published, in which the operation performed by Sanson and Vacca was advantageously modified. After placing the patient (æt. 28) in the ordinary lithotomy position, and giving the catheter (with a very large groove) in charge of an assistant, M. Maisonneuve, standing between the thighs, lodged the nail of his left index-finger, passed into the rectum, in the groove of the catheter, just anterior to the prostate. Along this finger he next slid a pointed bistoury, guarded by lint to within a centimetre of its end, and made a small incision through the rectum and membranous portion of the urethra. Still retaining his nail in the groove, he next passed a double lithotome, with its concavity upwards, and having assured himself of its secure implantation in the groove, withdrew his index-finger, took hold of and slightly raised the catheter with his left hand, while with his right he opened the bladder with the lithotome. The catheter was now withdrawn, and the right hand so turned as to bring the concavity of the lithotome backwards. Next he introduced the index and middle fingers of the left hand above the lithotome, and separated the one from the other, so as to dilate the rectum and protect the sphincter while he withdrew the lithotome, the blades of which, separated fourteen lines from each other, made a bilateral incision in the prostate and rectum. The forceps were then passed along the fore-finger, and the stone removed.

The patient recovered so rapidly, as to be sitting in the yard on the fourth day, and he was exhibited at the academy after a long walk, on the ninth. A urinary fistula still remained when he returned to the country on the seventeenth day, but this subsequently healed. This operation differs from that of Sanson and Vacca by leaving the lower end of the rectum, the sphincter, and the perineum untouched; and this prevention of the exposure of the wound to external influences, places it very much in the same category with the subcutaneous incisions.—*Brit. & For. Med. Chirurg. Rev.*, Oct. 1848, from *L'Union Médicale*, No. 63.

47. *Reduction of a Dislocation forward of the Inferior Surface of the Fifth Cervical Vertebra.* By M. VRIGNONNEAU.—The patient fell from a tree, on his head, and lost consciousness, which, however, returned in half an hour; he then complained of violent pain at the vertex and back of the neck; the author diagnosed—how, he does not say—a dislocation forwards of the inferior surface of the fifth cervical vertebra. He bled the man, and ordered absolute rest, but without avail; and forty hours subsequently—speech having become difficult, the face injected, the respiration stertorous and the pulse almost imperceptible—he determined to give him the chance of an attempt at reduction. For this purpose the man was seated, two assistants pressing firmly, one on each shoulder, while M. V. gently extended the neck. Partial extension rendered the speech stronger, and respiration freer, and emboldened the operator to proceed further. When he thought the extension sufficient, he carried the head and superior part of the neck backwards; this manipulation was followed by a snap, and from that moment the man recovered as by enchantment. The patient at the date of the report had returned to his work, but there still remained some rigidity of the neck, and lateral motion especially is very limited.—*Journal de Connaiss. Médico-Chir.*, Jan. 1848.

48. *Vertical Dislocation of Patella.*—M. DEBROU relates a case of this rare accident. It happened to a man of sixty, who got his leg entangled in a cart wheel; when raised he could not stand upright. His appearance was as follows:

—The knee was flexed to within a third of a right angle; extension incomplete, and painful; the anterior aspect of the joint very prominent, on account of the new situation of the patella, which, moreover, was immovable. M. Debrou reduced it in the following manner:—One assistant holding the thigh, another held the leg and raised the heel, so as to extend it upon the thigh, which was flexed upon the pelvis. M. Debrou standing on the exterior of the leg, supporting the posterior aspect of the joint with the left arm, forcibly pushed the patella inwards with the palm of the right hand; the bone, after a continued effort, slipped into its place.

49. *Disease of the Appendix Cæci cured by Operation.*—Dr. HANCOCK related to the Medical Society of London (Sept. 25th, 1848) the following case, which he observed appeared to be of value, from its presenting a mode of treatment which might be advantageously pursued in certain stages and forms of mischief resulting from the presence of impacted feces or foreign substances, either in the cæcum or its appendix, which have hitherto for the most part, if not invariably, proved fatal. He said that abscesses of the abdomen connected with the cæcum or large intestines, and attended with fluctuation, had, from time to time, been opened; but he was not acquainted with any instance in which an operation had been attempted under the circumstances detailed in the following case, and where the result had been so entirely satisfactory. In the cases recorded, the presence of fluctuation has proved the existence of matter; but the following detail will show that we should not always wait for this unequivocal sign. Patients do not always live until the disease has progressed thus far; they frequently sink and die without any further symptoms than those of inflammation of the part; and it is to this class of cases that the treatment here related appears to me most applicable. I was requested, on Saturday, 15th of April, 1848, to see a lady, aged thirty, in consultation with Dr. Chowne and Mr. Diamond. She was of delicate constitution, having been a seven months' twin. She, about twelve years since, received an injury to the spine whilst playing at cricket with her brothers, which confined her to her bed for about nine months. Eventually, the only bad symptoms remaining were partial paralysis of the lower intestines, so that the bowels were never effectually relieved without the aid of an enema, and severe occasional attacks of pain, for which she took large doses of laudanum. She married about five years after the receipt of the injury, and her pregnancies have always been attended throughout with violent sickness and ill health. In April 1848, she was pregnant with her fifth child; the sickness had been most violent and distressing during the whole time, opium, hydrocyanic acid, and the usual remedies failing to give her any relief. On the 3d, after riding out for an hour, she felt an unusual dragging, and pain in the right side, obliging her to keep her bed, and to take opiates. On the seventh she was suddenly seized with labour, and delivered of a small male child six or seven weeks before the full time, which only lived about twenty hours. The next day, the 8th, whilst turning in bed, she felt a severe pain in the groin, as she described, as of something having snapped asunder, and from that time she continued to suffer greatly in the whole inguinal region; but as the pulse continued about ninety, and there was no particular tenderness on pressure, nothing was done but the administration of sedatives. On the 10th, the pain was more acute, and a slight hard swelling could distinctly be traced high up in the inguinal region; bowels had been slightly relieved by the enema. Six leeches were applied over the spot, and subsequently warm fomentations, which were also applied over the labia, the lochia having ceased, and the urine being very scanty. She continued much the same until the 13th (a blister having been applied on the 11th); the cord-like swelling could now be felt more distinctly, and the tenderness extended over the whole abdomen. On the 14th, Dr. Chowne first saw her in consultation. Her tongue was brown; pulse about ninety; tenderness and pain the same; bowels not relieved by the usual enema. A dose of six grains of calomel was prescribed for her, to be followed by three grains every two hours, until she had taken twelve grains. At the end of twelve hours the bowels were only slightly acted upon by enema. Fomentations continued, with saline and opiate mixture. I first saw her on the 15th; she was then complaining of intense pain in the right inguinal region; could not bear any pressure on that part; the whole abdomen, which was tympanitic, was tender on pressure, but

not sufficiently so to be very urgent. She had observed a swelling in this situation before her pregnancy but previous to her confinement it had not caused her any uneasiness. From the slight examination which, on account of the soreness of the blister, I was enabled to make, I was disposed to suspect mischief about the cæcum or its appendix, but as the symptoms were not very urgent, it was agreed to continue the opiates, and apply poultices over the part until we met again on the 17th.

April 16. Not so well; pain more acute; more decided signs of peritonitis.

17th. Much worse than when we last saw her. Her countenance anxious; nose pinched; pulse intermittent and running; sickness very troublesome; tongue brown in centre; had obtained no sleep, although thirty doses of the solution of bi-meconate of morphia had been given every three hours. Skin cold and clammy; complained of great pain, and fits of shivering, which were most violent, and from their frequency had prevented her sleeping; bowels scarcely relieved by enema.

The blistered surface having healed up, a more decided examination could be made. The cord-like swelling already alluded to was more apparent, but too close to the spine of the ilium to be an inguinal hernia; there was also thickening with hardness extending outwards towards the ilium, where she complained most of pain. As she was evidently sinking, and the previous treatment had been of no avail, I proposed to make an incision from the spine of the ilium to the inner side of the internal abdominal ring over the hardened spot, so that if it were intestine or omentum it could be freed; or if, as we thought more probable, matter had collected in the right iliac fossa, it could be let out, and thus give our patient a chance of recovery. This having been agreed to by Dr. Chowne and Mr. Diamond, who attended the case with me throughout, the patient was put under the influence of chloroform, and an incision about four inches long made inwards from the spine of the ilium above Poupart's ligament, but as close to it as possible. Upon opening into the abdomen, a quantity of excessively offensive turbid serum, with fibrinous flocculi, poured out, mixed with air globules, and also patches of false membrane. She was directed to be turned on her side, that the discharge might freely escape; a poultice to be applied, and to take an opiate.

We again saw her at ten o'clock that evening; her abdomen was then very tympanitic and painful; pulse 120; skin, however, warmer than before the operation; the wound has discharged very freely, the fluid being most offensive.

To take morphia with carbonate of ammonia every four hours, and to have a starch enema, with five drachms of sedative liquor of opium.

18th. Better; has passed a more quiet night; wound discharges freely a turbid serous fluid; bowels have been relieved by enema. Tongue white; pulse 120; suffers from spasmodic twitchings of body. Abdomen very tender over the whole surface, and slightly swollen.

To continue the sedative draughts, each containing sixty minims of the solution of morphia every three hours, with starch enema, with six drachms of solution of opium at night.

May 1st. Has gone on favourably up to this date; the opiate enemata have been omitted, but the opiate draughts continued, with occasional small doses of calomel, which have greatly controlled the sickness. She has been allowed as much nourishment as she will take, but her appetite continues bad. She has also had wine, brandy, and bottled stout from time to time, the discharge being large in quantity, thin, watery, and very offensive: the abdomen has become soft and painless on pressure. To-day she is not so well, suffering great pain about the wound, which is inflamed, and the edges sloughy. Ordered warm fomentations to be applied continually over the whole surface of the abdomen.

2d. Her sleep has been much disturbed by acute pain around the wound; discharge thinner, greenish, and very offensive. Upon carefully examining the wound, a small round ball of fecal matter, surrounded by calcareous deposit, was discovered, and upon further examination, a second piece excavated on one side, evidently forming a cup for the former piece, and which, from their size, I should imagine had been impacted in and escaped by ulceration from the appendix vermiformis. A large quantity of hard feculent matter passed per anum, after the enema.

To continue the nourishing diet; and, as profuse perspirations have come on, to take disulphate of quinine, with sulphuric acid, and infusion of roses with opiate at bed-time. She got well from this date; the discharge gradually improving in quality.

In some remarks upon this case, Mr. Hancock referred to the frequency of operations on the abdomen of late, particularly in cases of ovarian disease, many of which had been successful. As far as he knew, the instance related was the only one on record of an operation of the kind, under the circumstances detailed. He should not argue, or draw general conclusions from a solitary case, but he thought that it, at all events, would justify us in having recourse to such a procedure in cases of peritonitis, when all other means had failed, and without which death was inevitable. He contended that the typhoid condition into which patients affected with peritoneal inflammation fell, did not depend upon the violence of the disease, but upon the acrid nature of the effused fluid, the removal of which he thought the only chance of saving the patient.—*Lond. Med. Gaz.*, Sept. 1848.

50. *Treatment of Hemorrhage after Excision of the Tonsil.*—M. HATTIN having met with a case of most alarming hemorrhage after the excision of a hypertrophied tonsil, which resisted all the usual styptics, an ingenious and successful mode of employing compression occurred to him. He took a long straight pair of forceps, used for the removal of polypi from the posterior nares, and having covered one of the blades with amadou and lint, applied it to the bleeding part, applying the other blade externally to the angle of the jaw, any amount of compression being producible by approximating the handles. M. Malgaigne, to whom the account of the case was sent, refers to a discussion which took place upon the same subject at the Surgical Society. In the case which gave rise to it, M. Chassaignac succeeded, after everything else had failed, in arresting the bleeding by holding a piece of ice by means of a forceps in constant proximity to the bleeding point. M. Guersent had met with three cases, one in the adult, stopped by the actual cautery; one of the two children had a hemorrhagic tendency, and in the other an alarming hemorrhage occurred on the third day. Muratic acid and honey succeeded best, ferruginous preparations being given internally. In the only case met with by M. Huguier, he found *ice-drinks* suffice. M. Robert doubted the propriety of using ice in these cases, as it has sometimes produced a gangrenous eschar. He recommends that the thumb dipped in alum should be applied to the bleeding point, making corresponding pressure with the fingers externally. M. Monod was acquainted with cases in which the mere keeping the mouth open sufficed to restrain the hemorrhage. M. Malgaigne observes that he has never known hemorrhage follow either excision of the tonsil or of the uvula. Lisfranc, however, met with a bad case of the latter, and arrested the bleeding by compressing the part with a forceps, and applying nitrate of silver to the wound. M. Malgaigne has met with two cases of traumatic bleeding from the fauces. In the one, it succeeded the removal of a tumour, and was arrested by the application of the finger for a few minutes. In the other case it followed the division of an anormal adhesion of the *velum palati*, which completely obstructed the nasal fossæ; and the bleeding was only controlled as long as pressure was kept up. Believing that the obstruction of respiration contributed much to the continuance of the hemorrhage, M. Malgaigne rapidly completed the operation, and the passage of air being now free through the nares, the bleeding stopped as if by enchantment. *Brit. & For. Med.-Chir. Rev.*, Oct. 1848, from *Rev. Med.-Chir.*, vol. ii.

51. *Gun-shot Wounds.*—After the fatal struggles of February and June of last year, the Parisian Hospitals presented rare opportunities for the observation of gun-shot wounds, under very favourable circumstances for their study; and the occasion seems to have been zealously embraced by the able surgeons of Paris to examine the truth of certain opinions and the value of certain modes of practice, respecting which diversity of opinion exists. Dr. WATERS, in an interesting paper in our valued cotemporary, the *Monthly Journal and Retrospect of the Medical Sciences*, has given a good summary of these investigations, and we shall adopt his sketches in the following articles:

52. *Character of the Orifices of Gun-shot Wounds.*—The profession generally, guided chiefly by the opinions of military surgeons, till within a recent period, adopted the belief, that the orifice of entry of a musket or pistol ball was, in all but exceptional cases, distinguishable from that of exit; that the former presented a clean equal border, somewhat depressed, and more or less contused; the latter a more or less irregular one, projecting outwards, and evincing less contusion; further, the exit of the ball was supposed to be marked by a larger orifice than its entrance.

M. Nelaton agrees in opinion with the military surgeons; but insists on the different appearances which the orifices present, according to the period at which they are examined.

When the wound is recent the orifices offer notable differences; that of entry is depressed, ecchylosed, contused; that of exit is somewhat prominent and lacerated;—the former presents a loss of substance; the second a simple solution of continuity, the flaps of which, if brought together, would almost completely close the wound: the irregularity of the flaps and borders renders the latter orifice the larger, notwithstanding the absence of the loss of substance.

After the lapse of some days the case is different; the eschar becomes detached from the orifice of entry, which is thus proportionately enlarged; on the contrary, the flaps, bordering that of exit, become partially united, and this orifice is diminished accordingly.

In a medico-legal light these distinctions possess great weight; recent observations materially diminish their value. There can be no doubt that, where all the distinctive signs enumerated exist, their testimony is conclusive; but unfortunately it is found that, in a very considerable proportion of cases, some of the signs are absent, and under such circumstances there is abundant evidence to prove, that frequently no positive deduction can be drawn from those present.

Different from what occurs in general engagements, the combatants in the streets of Paris often saw the hand that struck them, and were thus enabled to state positively the point of entrance of the ball. On these data, tested by all the circumstances throwing light on the inquiry, such as a knowledge of the position of the patient at the time of being wounded, the direction of the wound, &c., it is clearly established that, in numerous instances, the orifice of entry exceeded in size that of exit, and that its form was more irregular. M. Roux stated before the Academy, that, in his cases, he observed about an equal number of variations on the one side as the other; an observation which may be extended to the practice of other surgeons. In a case of a gun-shot wound of the thigh with only one orifice, in the service of M. Boyer, the ball had traversed the muscular parts transversely at the upper third, and remained lodged beneath the skin on the side opposed to that where it penetrated. The ball, extracted by incision, was perfectly round, notwithstanding which the orifice, that necessarily of entry, presented an irregular border. In other instances, in the same service, where the limb was completely traversed, not the slightest difference in character between the two openings could be detected on the most careful examination directed specially to that end.

M. Blandin appears to have been the first to question the correctness of the rule thus impugned: his experience in gun-shot wounds has long convinced him that the aperture of entrance is, in all but exceptional cases, the larger, and experiments performed by him are said to have proved the accuracy of his observation. According to him, the ball, where it strikes the skin, being supported by parts more or less resistant, acts as a punch, and produces an aperture nearly equal to its diameter; at its point of exit, on the contrary, the skin gives way before it, stretches in virtue of its elasticity, and is only traversed when it has attained its utmost degree of extensibility: the loss of substance is thus rendered very trifling, and the aperture consequently smaller than that of entry. M. Gerdy maintains the same opinion; and in this case also it is founded not merely on the examination of the wounded, but on numerous experiments performed on the dead subject and on living animals: in some of these the two orifices were precisely similar. It may be objected that results obtained on the dead body and inferior animals cannot be considered an exact criterion of what occurs in man during life; it is difficult, however, to conceive experiments better devised to solve the question, and, when conjoined with the facts observed in the Parisian hospitals, they constitute a body of evidence which seems to place it beyond doubt, that, in a great

number of instances, the orifices do not afford conclusive characters by which that of entrance may be distinguished from that of exit.

No satisfactory explanation of these conflicting facts has been advanced; but it is not improbable that the distance at which the wound is inflicted may affect its appearance. Thus when the shot is fired at a short distance, the wadding, being carried along with the ball, may render the orifice of entry larger and more irregular than that of exit, in consequence of the wadding having been deposited in its passage through the soft parts; when the shot is fired at a greater distance, the absence of the wadding may render the two orifices nearly or exactly alike; if the ball in its passage come in contact with a solid substance, such as bone, its form may be altered, and its exit give rise to a jagged opening with projecting borders.

When a ball is nearly spent, as shown by the distance to which it penetrates, where there is only one opening, this not unfrequently resembles a simple incision, a circumstance observed in some cases. That the point of exit should occasionally present a similar character is therefore easily explained.

53. *Dilatation of Gun-shot Wounds unconnected with Fracture.*—The practice of dilating the orifices and canals of all gun-shot wounds once prevailed. John Hunter was among the first to oppose this useless and injurious proceeding, and the force of his judgment and reasoning speedily showed itself in the general adoption of his views by British surgeons. Foreigners of eminence, amongst whom Larrey père, and Sanson may be mentioned, followed in the same track; still, long after the abandonment of the practice amongst us, it continued to be inculcated on the continent, where the influential example of Dupuytren contributed powerfully to postpone the period of its rejection.

The confidence of the profession in its utility is now so completely overthrown, that any recapitulation of the objections to the proceeding is unnecessary. M. Baudens, the celebrated surgeon-in-chief of the military hospital of Val-de-Grace, declares the threatened tension, to obviate which the scarification was practiced, to be exceedingly rare where the ball has traversed soft parts without producing fracture, and stigmatizes it as a scarecrow; his testimony is the more valuable as he once entertained a contrary opinion. Imbued with the doctrines imbibed during studies in Paris, and acting under the dictates of what he considered to be an imperative duty, he, on his first arrival in Africa, dilated all the wounds, though not without feeling acutely for the sufferings he inflicted. While acting thus, a *voltigeur*, with the two thighs traversed by a ball at their superior third, without fracture, was brought to him. To effect dilatation large and deep incisions of the four wounds were requisite. His courage failed him; cold water dressings were applied; and, while dreading the consequences of his conduct, the cure progressed steadily and rapidly.* From that moment he abandoned the practice, and the propriety of his having done so will not at the present day be disputed. Several cases are recorded where flesh wounds treated on this principle have been observed to heal by the first intention; when this happens, it seems certain that the contusion, ordinarily produced by the passage of the projectile, cannot exist. It has been attempted to explain the occurrence by supposing, that in these examples the projectile had acquired an angular form, and consequently acted as a cutting, and not as a contusing body. A more simple explanation is based on the fact already recorded, that, when the force of the ball is nearly exhausted, its contusing power is lost, and it produces, notwithstanding its spherical form, a simple incision. This view derives corroboration from the circumstance, that the orifice of exit and the portion of the wound near it have been seen to heal by the first intention, while the remaining portion passed through the slower process of separation of a slough, suppuration, and granulation.

M. Velpeau denies that gun-shot wounds can heal without the separation of an eschar. He asserts that all the tissues touched by the ball are disorganized, and must be thrown off, and that the premature closure of the external orifices, by im-

* The conversion of M. Baudens, which shows to how late a period this practice was advocated in the surgical school of Paris, is recorded by Sir George Ballingall in his "Outlines of Military Surgery," 2d ed. p. 216.

prisoning the putrid detritus, becomes a source of great danger. Of the applicability of this reasoning to the immense majority of cases, there can be no doubt; but the value of those of an opposite bearing is not on that account in any degree affected, and indisputable facts are mentioned by Larrey, Sir George Ballingall, Sanson, and others, where the cure was completed without any separation of eschar.

The utility of the rejection of scarification is not limited to the condition already detailed. It has been extended with the best results to cases where important articulations have been traversed. The following occurred in the service of M. Jobert at St. Louis:—

“*Salle St. Augustin*, No. 68.—Delevie, soldier, aged twenty-five, of good constitution and sober habits, wounded June 23, 1848. He was struck by a ball in the popliteal space between the heads of the gastrocnemius muscle; it traversed the articulation of the knee-joint and emerged in front, having passed through the patella at its inferior portion without fracturing it. The wound did not occasion any marked general disturbance; no examination by probe or otherwise was made in the tract of the ball; the knee was kept perfectly at rest, and dressed with cold linseed meal poultices, frequently changed during the day and night; horizontal position on a pillow; no splint. Slight effusion took place in the articulation; but the inflammatory symptoms were exceedingly moderate, and speedily got under. The patient suffered no pain; the orifices of the wound gave no evidence of suppuration, and on the 25th of July cicatrization was complete; there was no swelling of the joint, and he was allowed to move about with the assistance of crutches. The movements of the limb were preserved; extension of the leg was performed without difficulty, but flexion occasioned some uneasiness.”

M. Jobert is of opinion that some slight adhesions exist within the joint, occasioned by the development of false membranes. In the wards of the same surgeon, two other cases exist in which the articulation of the knee-joint was traversed, where the same treatment has been equally successful. An analogous one is said to be seen in the service of M. Gosselin. A similar case happened in the practice of M. Vidal de Cassis, and is related in his work on “*External Pathology*.”

“A soldier, wounded in July, 1830, had the articulation of the knee traversed by a ball, which entered in front above the patella and emerged posteriorly, immediately below the popliteal space. In consultation with M. Guersant *fils*, he decided on not dilating the wound, and the patient was perfectly cured. There was neither local nor general disturbance; the patient affirmed that he suffered nothing from the wound, the progress to cure of which was remarkably simple. The suppuration was so trifling, that without the attention bestowed on the wound, it might have been considered to have healed by the first intention.”

It seldom happens that balls traverse articulations without serious injury to the articular surfaces; and examples of such success are, therefore, necessarily rare. M. Vidal de Cassis was not acquainted with one at the time at which he wrote. In two instances of wound of the same joint in the service of M. Jobert, the result was not so fortunate; and in the wards of M. Velpeau there are also two examples where the suppuration is very abundant. The fortunate termination in the cases that have been mentioned is not the less to be attributed to the treatment; and the good effects of non-interference with cutting or other instruments, are thus strikingly exemplified, and afford every encouragement for the adoption of the same course under the like circumstances. Dilatation of a wound of a synovial membrane is at least as formidable as amputation.

Where, therefore, a ball has traversed an articulation without material injury to the bones,—injury of which would be betrayed not only by local, but also by sympathetic constitutional disturbance,—no exploratory attempts should be made, but the strictest repose enjoined, and appropriate treatment adopted, in order to ward off or diminish inflammation.

54. *Balls lodged in the Bones. Hôpital St. Louis, service of M. Jobert. Salle St. Augustin*, No. 7.—Boy, aged sixteen, wounded June 23, was struck by a musket-ball near the inferior third of the right leg anteriorly: the ball buried itself in the body of the tibia, without otherwise fracturing the bone; no attempt at extraction

was made; the ball remained in the bone; the external wound marched steadily towards cure; on the 25th of July cicatrization was complete, and a day or two subsequently the patient left the hospital. The integuments covering the tibia anteriorly in its superior half presented extensive cicatrices, the result of necrosis of a considerable portion of the bone, caused by the fall of a piece of iron on his leg. This was followed by a long suppuration, and the extraction of considerable fragments. The patient had recovered from the effects of this accident previous to the infliction of the present wound, which occupied a portion of bone exempt from and inferior to that previously implicated.

Some rare cases have been observed where balls have remained lodged in bones without causing any disturbance; a preparation exists in the Musée Dupuytren, in which a musket-ball is encysted in the substance of the tibia. The subject from whom it was taken was a French soldier, wounded in 1814. Percy mentions the case of an old carabineer who carried a ball in the tibia up to the time of his death, a period of twenty-five years; a few others are on record, but their small number constitutes a *prima facie* argument in favour of the conclusion, that balls cannot occupy such a position without causing symptoms which demand their removal; numerous cases are related where, after a shorter or longer period, their extraction was thus necessitated.

M. Jobert maintains a contrary opinion, influenced by the observations of balls lodged with impunity in the bones of animals, the hippopotamus, elephant, stag, &c.; he maintains that the same may equally take place in the human frame, and consequently condemns their extraction, as causing unnecessary torment and retarding the cure, unless when they are superficially situated, and can be removed without difficulty. In this he is opposed to nearly all surgeons. M. Baudens unites with others in insisting on their extraction, and, where the forceps is unavailing, prescribes the application of the trephine. Dupuytren directs their extraction when practicable, as it is only very rarely that they do not occasion grave accidents; caries and necrosis almost always follow. Guthrie establishes the same principle; according to him, their presence in the extremities of bones gives rise to caries—in the body of long bones and in flat bones, to necrosis.

The practice of M. Jobert in these circumstances, is based on so small a number of facts that it stands little chance of being adopted. Arguments, founded on what is observed in animals, are admitted to have but a very limited application to man; for, were it otherwise, ligature of the aorta would be proved to be a practicable operation. Blandin once failed in killing a sheep, though he opened the arterial trunks of all the extremities and the neck.

55. *Treatment of Fractures of the Extremities in connection with Gun-shot Wounds.*—Two distinctly opposite methods are pursued in the treatment of fractures caused by gun-shot wounds, and these extremes are connected by the practice of those who follow a middle course. An examination of the results and merits of these different methods will now be entered on.

In order to facilitate the consideration of the subject, these fractures will be divided into, *first—simple*, the term being used not in the ordinary surgical sense, but as indicating that the bone has been fractured without the detachment of fragments; and, *secondly—comminuted*, where this complication exists.

The *second class* is that in which the difference of treatment is most striking, and will be first treated. It offers several points for examination. These are:—*a.*—Dilatation and extraction of splinters. *b.*—Dressing and apparatus. *c.*—Cases demanding amputation. *d.*—Cases demanding resection. These questions will be discussed separately.

a.—Dilatation and Extraction of Splinters.

The various circumstances under which the splinters of bone characterizing the second class of cases present themselves, modify the treatment, and a division of them which indicates these circumstances is therefore indispensable; that of Dupuytren answers every purpose, and will be here followed. According to him, the fragments are of three kinds, namely,—primary, secondary, and tertiary.

Primary fragments are those which are entirely separated from the bone and soft parts during the infliction of the wound.

Secondary fragments are those which are not completely detached from the bones and soft parts, being still connected to the latter by portions of tendon, muscle, ligament, &c.

Tertiary fragments, those, namely, which result from the contusion of the bones by the projectiles in the portions which border the point of fracture, and which nature produces in virtue of a particular process, ordinarily exceedingly long in completion, and lasting sometimes ten, fifteen, or twenty years. Dupuytren relates the case of a soldier wounded in 1813, and admitted into the Hôtel Dieu in 1830, in consequence of tertiary fragments following a gun-shot wound received at that period.

Among the surgeons of Paris, MM. Jobert and Baudens respectively occupy the extremes of the scale referred to as marking the treatment of these injuries, and are distinguished by the zeal with which they support their opinions.

In all gun-shot wounds M. Jobert adopts a uniform and exclusive mode of practice; he deprecates all interference with the wound in every instance, even in cases of comminuted fracture. He not only condemns the extraction of splinters of whatever kind, and leaves their discharge entirely to nature, but interdicts formally all examination of the wound. He combats local inflammatory symptoms by antiphlogistic measures, and, when the tension becomes excessive, relieves it by two longitudinal incisions, from three to five inches long, and penetrating through the skin and cellular tissue, practised on each side of the orifices at a distance of about two inches;* he invariably avoids dilatation of the wound itself. He justifies this treatment by the advantage obtained in preventing the access of air to the fracture, with which that obtained from the extraction of the fragments cannot, he contends, be compared. He further maintains, that direct benefit is obtained from the presence of the fragments—from those even that are completely detached—in that they contribute to the consolidation of the fracture, and prevent the formation of false joints; and he believes that in many instances useful limbs may thus be saved which would otherwise be sacrificed. The patient, it is admitted, may occasionally suffer for a time from the presence of the necrosed portions; but these are gradually eliminated, and the limb ultimately regains its original power. In other instances, in accordance with his views in respect to the lodgment of balls in bones, he maintains that the necrosed portions may occupy the callus, and remain for an indefinite period without giving rise to any annoyance. To support the correctness of these views he adduces the following cases:—in one of these the patient was wounded in February. The humerus was fractured comminutively near its head; the ball passed out; no dilatation nor extraction of fragments was practised, but some portions of bone were removed during the suppuration. An enormous mass of callus is developed around the seat of fracture, and consolidation has taken place. The callus incloses portions of dead bone, and a fistulous opening on the outer surface of the arm communicates with the seat of fracture. The patient retains the use of his hand, but is unable to raise or support the weight of his arm, which he carries in a sling; he suffers but little, and his health is good. The remaining patient had the humerus fractured by a musket-ball at the upper third, during the days of June; no examination of the wound nor extraction of fragments was practised. Consolidation of the fracture is now complete, and the wound perfectly healed. The only deformity of the arm is occasioned by the exuberance of the provisional callus, which is believed to contain necrosed portions of bone. The patient continues to support his arm in a sling.

M. Jobert attaches great importance to these cases, regards the results as among the finest ever obtained in surgery, and as fully justifying him in not extracting fragments of any description.

M. Baudens pursues an entirely opposite treatment. In all cases of fracture caused by gun-shot wounds, his first care is to ascertain the nature of the parts by direct examination; and if the existence of splinters be established, and there be

* When a wound heals with difficulty, in consequence of the ablation of a considerable portion of the skin, M. Jobert adopts the same practice. In a case recently in his wards, where the breast had been removed on account of a tumour, these incisions were practised with excellent effect.

any hope of saving a useful limb, he immediately places the patient under the influence of chloroform, practises the necessary dilatation, and extracts all the fragments of bone, whether primary or secondary; his object in this being to convert, as nearly as may be, these formidable wounds into simple ones.

The first authorities, among whom Dupuytren may be cited, have always ascribed the local accidents attendant on these fractures to the presence of the splinters, which, acting as foreign bodies, light up and aggravate inflammation. In several cases M. Baudens, guided by the character of the local symptoms, the tension and discoloration of the skin, inflammation in short putting on a phlegmonous appearance, assumed the presence of splinters, and confirmed his diagnosis by forthwith administering chloroform to the patient and extracting them; in such cases he then, with a razor, practised long superficial incisions, not embracing the whole thickness of the skin, in order to relieve the engorgement, and applied ice to diminish the action.

It is thus shown that M. Baudens extracts all foreign substances, and that he not only removes the primitive or detached fragments, but also the secondary, or those still connected with the soft parts. Till lately no difference of opinion existed as to the propriety of this practice in the first class; but with regard to the second the case was different. Dupuytren, who advocated the immediate removal of the first, inculcated in his lectures, that in the greater number of cases the second were not to be extracted, unless when the operation could be performed without danger of hemorrhage or severe pain, and then only when the fragments had been more or less detached by suppuration; that is to say, at the termination of a variable period, eight, ten, fifteen, twenty days, a month, or even later. M. Baudens removes them at once, and his long experience in Africa gives great weight to his opinions.

Two objections only are urged by Dupuytren against the latter mode of proceeding; one is the severity of the pain attendant on the operation, and he has recorded a case where he was forced to desist from researches which he had commenced, owing to the sufferings of the patient. The anæsthetic properties of chloroform completely overrule this objection; it is only necessary to witness its employment in these cases, to acknowledge unhesitatingly its beneficial effects.

The remaining objection, that, namely, of the danger of hemorrhage, alone therefore demands consideration. This danger, as resulting from the extraction of the splinters, seems to be more apparent than real. In reference exclusively to fractures of the extremities, it is difficult to conceive any grounds for dread in this respect, where amputation would not be directly indicated; where it required, however, to proceed to their extraction in comminuted fractures of the thigh, the depth of the parts might seriously complicate and impede the operation. On the other hand, cases exist where the presence of the fragments seems to have been the cause of hemorrhage.

Case fifty-three, in the work of Dupuytren, supports this conclusion; it occurred in July, 1830. A ball fractured the two bones of the leg at the superior third; an attempt to preserve the limb was determined on. The orifices of exit and entry were dilated, the limb fixed in a fracture apparatus, with the looped bandage, and laid on pillows. Every thing went on well; the fever was moderate; the patient suffered little, and a healthy suppuration established itself, which daily became more abundant. The general condition of the patient continued pretty good; no rigors, no diarrhœa, no colliquative sweating, no pain in any region of the body. Such was the condition the 16th day after the accident, when, after a dressing performed with the greatest gentleness and precaution, a violent hemorrhage of a bright red colour manifested itself, and amputation of the thigh was performed.

Examination of the amputated leg.—The tibia and fibula were fractured comminutely at their superior fourth; fifteen or twenty fragments belonging to one and the other of these bones, and almost all detached, occupied the seat of fracture; the soft parts were torn, destroyed, and reduced to a pulp; purulent collections existed between the different muscular layers; the anterior tibial artery was altered by putrefaction, and presented an opening at its passage through the interosseous ligament.

This is a most instructive case; the condition of the parts at the time of amputation, showed how delusive were the hopes of success which had been enter-

tained during the treatment. The artery was either opened directly by the action of a splinter on its altered coats, or by ulceration resulting from the inflammation entertained by the fragments of bone.

Ligature of the femoral was agitated and rejected. The advocates of M. Jobert's treatment may attribute the unfavourable result to the dilatation of the orifices, permitting the admission of air to the seat of fracture; in the following case this practice was not adopted, and yet the result was equally unfortunate.

One of the wounded of June was admitted into the Hospital of St. Louis, under the care of M. Malgaigne, with comminuted fracture of the humerus at its upper fourth, from a musket-ball. No dilatation nor extraction of splinters was attempted; there were two orifices. July 10th, considerable hemorrhage manifested itself, which was arrested temporarily by compression; it recurred again and again, and the following morning disarticulation at the shoulder joint was performed. The patient was in a weak blanched state; the operation was executed while in bed; chloroform was administered; a very trifling amount of blood was lost, but death supervened during the operation; the union of the flaps was in consequence not effected.

Three other cases of secondary hemorrhage have occurred in the practice of this surgeon, where no examination of the wound had been performed, and all terminated fatally.

The necessity of examining the wound in these fractures was forcibly exemplified by its condition in the present instance; numerous detached fragments occupied the seat of fracture, the surrounding soft parts presented a disorganized, dark, pulpy appearance. A portion of the ball, much disfigured, was extracted from under the pectoralis major muscle.

M. Pelletan has recorded a case of hemorrhage on the 70th day, occasioned by the presence of a splinter.

These cases might easily be multiplied, but a sufficient number has been advanced to show that the occurrence of hemorrhage may with equal reason be urged against allowing the fragments to remain, as against proceeding to their extraction. Any dread from this cause cannot be considered sufficient to deter the educated surgeon of the present day from a beneficial operation.

It may be argued that the secondary splinters, retaining connection with the soft parts, and consequently not completely cut off from the circulation, are not incapable of preserving their vitality, and on that account should not be removed. Experience does not confirm such a conclusion; the inflammation which they excite speedily isolates them; the pus resulting from a chronic abscess may long rest with impunity in contact with the periosteum, but that accompanying active inflammation rapidly destroys it, the nutrition of the fragment ceases, and it becomes converted into a true foreign body. When comminuted fracture of the bone has occurred without breach of the tegumentary surface, where a cutting instrument has effected a separation of a portion of bone without destroying its connection with the soft parts, where a compound fracture has resulted from an accident which has exerted no contusing power directly on the bone, we know that reunion of the fragments may take place. In comminuted fractures from gun-shot wounds, the condition of the parts is in no way the same; the projectile exerts on the bones an action analogous to that observed on the soft parts; the contusion caused by the projectile adds to the disturbance occasioned by the fragments, and a high degree of inflammation is inevitably excited, which rapidly destroys their connection with the living organism; the state of the parts in these fractures differs, therefore, from that existing in those produced by other means.

Experience fully convinced Dupuytren of the futility of expecting that the secondary fragments would retain their vitality; he asserts that their detachment is operated spontaneously, through suppuration at a shorter or longer period, varying from eight days to even months. During this period they keep up a constant irritation, and aggravate the local symptoms; the general disturbance is known to be always in proportion to that of the local inflammatory accidents; moderate when these are calmed by judicious measures, but, on the contrary, of a formidable character when these are neglected, or badly treated, or treated ineffectually.

It is to obviate these inconveniences that Baudens and Nelaton advise the removal of these fragments, as well as the primary ones, in order to place the pa-

tient at once in a condition, which is otherwise only attained at the expiration of an indefinite period,—the period necessary for their spontaneous removal. The patient is thus in the best possible position for ultimate cure; the chief cause of local inflammation is removed; the general fever diminishes proportionally; the strength is not worn down by prolonged suffering and suppuration, nor the nervous irritability of the patient morbidly increased. Twenty-five cases in the wards of M. Baudens, in which he followed these rules, and which are all terminating favourably, attest the efficacy of the practice.

Another argument in favour of this practice may be drawn from the occurrence of tertiary fragments, as whatever tends to heighten the local inflammation favours their formation. M. Baudens proceeds to the extraction of these as soon as their existence is ascertained, and the operation practicable.

The question now presents itself, whether the success of M. Jobert, and those who side with him, is such as to overrule the treatment here approved. Statistics are not yet attainable, and it is probably by these that the question will ultimately be judged. The practice of M. Jobert already offers two successful cases, so called; in these, consolidation of the fracture has certainly taken place, but an enormous mass of provisional callus is formed, inclosing several necrosed portions of bone; these represent true sequestra, will necessarily play the part of foreign bodies, and probably, at a future period, become the cause of great suffering. In the mean time, the progress of the healing process within the provisional callus is unknown, and a considerable time must elapse before it can be ascertained. In the man wounded in February a fistulous opening exists, as already stated, in communication with the seat of fracture. M. Jobert believes that portions of necrosed bone may, like balls, remain in the bones without injurious consequences; according to Dupuytren their sojourn in the midst of callus is one of the most common causes of deformity, and of interminable fistula. In certain cases no provisional callus forms, and it is only after the separation of the necrosed portions that consolidation takes place.

M. Malgaigne adopts the expectant mode of treatment at first; but when suppuration is established, makes frequent use of the probe and forceps, extracting splinters six and seven weeks after the infliction of the wound. In a case of comminuted fracture of the forearm, no examination of the fracture was made on admission; fifteen days afterwards, splinters began to come away by the suppurative process; as late as eight weeks after the infliction of the wound, he dilated one of the orifices to facilitate the extraction of a splinter.

Other surgeons extracted immediately the most easily reached primary fragments, and renewed the examination of the wound, day after day, to extract those remaining, and the secondary as they became loosened; at each examination causing much suffering to the patient.

The foregoing facts and reflections are held to indicate, that in every case of comminuted fracture of the extremities, where an attempt is made to save the limb, extraction of all the splinters of bone is imperatively demanded.

56. *Operations for excising parts of the Hip-joint in Scrofulous Caries of the Articulation.*—[The following remarks by Mr. H. B. NORMAN, on these operations, appear to us judicious and worthy of consideration:]

The attention of the readers of the *Lancet* has been drawn of late, by Mr. Henry Smith, to the revival of operations for removing parts of the upper end and head of the femur in certain cases of disease of the hip-joint. There is no great difficulty in the performance of these operations to any one accustomed to surgical manipulations, nor danger of injuring important vessels or nerves; and I would not be considered as opposed to their fair trial in well-selected cases. At this moment indeed I am watching, with much interest, a case, in which I contemplate operating. But there are circumstances in the present day, and in the existing state of our profession, which make great caution needful, lest we be hurried away too rapidly after novelties or revived antiquities, and be led to act, as seeking our own interest and renown, with more zeal than for the welfare of our patients. In surgery such caution is much needed, and before we undertake any proposed operative procedures, we are bound to consider seriously all reasonable

objections to them, and to weigh well such known circumstances as militate against them. If we think, further, that these circumstances are likely to be overlooked, we are bound to bring them forward.

In respect to the operations now considered, the "constitutional character" of the disease proposed to be benefited demands especial notice. In general, if not always, caries of the hip-joint is to be regarded as a local manifestation of scrofulous cachexia, excited, it may be, by local injury, but still only a symptom of a general disease. And the connection between this lesion, as well as the other local manifestations of scrofula, and tubercular deposits in the various internal organs, is well understood. The frequent coincidence of such visceral disease with that of the hip-joint I regard as the most serious objection to the proposed operations. They have been performed, it appears, with some success of late in London; and in the high respectability and reputation of the operators, Messrs. Fergusson, French, my friend Mr. Walton, &c., we have the best guarantee that due precaution was taken in the selection of the cases. My single object in these observations is to lead others to the same care, for all the objections which may exist to these or any other procedures may not occur to the minds of some sanguine of success and fame in being among the first to practise a novel, or rare and important operation. The diagnosis is all important and just, as it would afford but poor satisfaction to have amputated a thigh with the view of prolonging the life of a patient, who dies shortly after of an unsuspected aneurism; or to have extracted a cataract from an amaurotic eye; so would it be disappointing and not to our credit, after having excised the head of the femur, and scooped away at a carious acetabulum, to see our patient dying of phthisis, overlooked or not suspected in deciding on the operation. Now as such misfortunes have happened, to the great dismay of surgeon, patient, and friends, possibly the greatest care and discrimination may not always suffice to protect us from them; but they must not be neglected nor forgotten.

Another serious consideration is, the difficulty, nay, frequently the impossibility of forming even a rational opinion of the extent of the disease with which we have to cope. We may find, for instances, the disease limited to a superficial portion of the head of the femur, and of the surface of the acetabulum; or we may find the latter extensively diseased, even perforated, and communicating with large pelvic and lumbar abscess, or collections of curdy, scrofulous matter, analogous to softened tubercle. Not long since, I inspected, with my friend Dr. Hare, the body of a female who had died of Bright's disease, and who had a large fibrinous deposit in the liver, and had suffered also from disease of the hip. In this case the acetabulum was almost destroyed; a large hole existed in it, communicating with an immense collection of curdy matter, which filled the iliac fossa and lumbar region of one side; the iliacus and psoas muscle were degenerated, and completely infiltrated with the morbid product; sacro-iliac articulation was diseased also.—*Lancet*, July 8, 1848.

57. *Removal of a Carious Portion of a Rib.* By ALEXANDER LINOLI.—Towards the end of 1845, a girl, three years of age, was attacked by pleurisy of the left side. After several weeks a tumour appeared beneath the left breast, and in proportion as it increased in size, there was an improvement in the respiration. An opening having been made into the tumour, a large quantity of sero-purulent matter was discharged; after two weeks this opening was permitted to close up, when another tumour appeared, and required to be treated in the same manner. Some time afterwards the cicatrix of the first wound opened, and continued to discharge purulent matter. Various attempts to cure it by means of caustic, &c., were made, but without success; when the patient having been brought to Dr. Linoli, he discovered numerous fistulous openings penetrating into the thoracic cavity, arising from caries of the sixth rib. In these circumstances, Dr. Linoli proposed the removal of the diseased bone. The operation was accordingly performed, and the edges of the wound having been carefully brought together, in five days were found to be united in almost their entire extent. In six weeks the cure was quite completed, and the child's health re-established.—*Month. Retrospect*, Dec. 1848, from *Annali Univ. di Med.*, March 1848.

58. *Fracture of the Head of the Humerus, and laceration of the Axillary Vein.*—Mr. FRASER reports (*Lancet*, July 8th,) an example of this accident in a boy thirteen years of age, produced by a fall from a tree. Mr. F. threw two ligatures around the wounded vein, one above, the other below the wound. Cold applications and appropriate dressings were applied, and the case terminated favourably.

59. *Ovariectomy—death.* Mr. H. G. POTTER reports in the *Lancet* (July 8th) a case of double ovarian disease in a female, thirty-six years of age, in which he operated by the large abdominal section, the patient being under the influence of chloroform. Death took place sixteen days afterwards. In his remarks on the case Mr. Potter observes: "Should ovariectomy ever be admitted within the pale of legitimate surgery, it is evident that we must have the diagnostic signs of adhesions, and also the extent of such adhesions, more clearly defined than they are at present. Hitherto we have acted in the dark; and thus it has frequently happened that where adhesions were least expected, there they have been found. In the above case, peritonitic symptoms might be almost said to be absent. The legs were never drawn up; she could rest equally well on back and side; the countenance did not assume the peritonitic aspect; and there was no tenderness (except at the wound) of the abdomen. The mucous membranes of the primæ viæ suffered severely, and the death of the patient seemed to be more immediately produced by this affection than any other, though of course the operation was the primary cause."

60. *Chloroform in Surgical Practice.*—At a meeting of the Medico-Chirurgical Society of Edinburgh, Dr. Simpson asked Professor MILLER and Dr. DUNCAN to state the extent to which they used chloroform in their public and private surgical practice.

Professor Miller observed, that in the hospital and elsewhere the surgeons of Edinburgh had used chloroform in all their operations, with the exception, perhaps, of any such within the cavity of the mouth as were expected to be attended with much hemorrhage. And he could speak of its perfect success, and perfect certainty, and perfect safety, in the most unequivocal terms. There had been no misadventures, no failures, and now no fears of those spasms and other preliminary symptoms to which Dr. Simpson had alluded. In saying all this, he believed he was simply stating the opinion and experience of all his surgical brethren here; and that no one amongst them would deem himself justified, morally or professionally, in now cutting and operating upon a patient in a waking and sensitive state. Every professional principle, nay, the common principles of humanity, forbade it, seeing that surgery was now happily possessed of sure and safe means by which it could avoid the necessity of such cruelty. Those were strong opinions, strongly expressed, but, in answer to Dr. Simpson's question, it was impossible for him to say less.

Dr. Duncan stated that he sincerely coincided in every part of the statement made by Professor Miller, and that, in his hospital and in his private practice, he constantly, like his other surgical brethren, used chloroform in all his operations, and even when making any painful examination for the purpose of diagnosis. There was only one case in which he had found a difficulty in its application, viz: when operating for internal hemorrhoids, the patient not, of course, having the capability of protruding the bowel when anæsthetic.

Professor Miller stated that, in operating for internal hemorrhoids, he had latterly been in the habit of making the patient first protrude the bowel; he then fixed the hemorrhoid with a vulsellum, chloroformed the patient, and afterwards terminated the operation.—*Month. Journ. Med. Science*, July 1848.

61. *Local Anæsthesia.*—M. JULES ROUX recommends the application of liquid chloroform to the surface of a wound left after an operation, while the patient is still in a state of general anæsthesia, with the view of benumbing the cut extremities of the nerves. The local insensibility is maintained, according to M. Roux, for forty-eight hours (?) and the patient is thus exempted from pain, both during and after the operation.

A case of hydrocele is described, in which M. Roux injected four drachms of
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chloroform into the sac. Two drachms were allowed to remain. The case ran the ordinary course, a cure being obtained in fourteen days.—*Gaz. des Hôp.*, Nov. 7, 1848.

[A few days ago we applied liquid chloroform to an ulcer on the leg of a female, which required cauterization with the nitrate of silver. She appeared to suffer little pain from the chloroform, and certainly very much less than usual from the caustic. She refused to inhale the drug.]—*Monthly Retros.*, Dec. 1848.

62. *Tetanus from Injury of the Ankle—Amputation—Repeated Etherization—Death.* By M. Roux, Naval Surgeon in Chief of Cherbourg—9th April, 1848. J. G., a robust man of nervous temperament, was admitted into the Hospital of Marine, at Cherbourg, suffering from fracture of the fibula, with complete dislocation, outwards, of the ankle joint. There was a small wound over the inner malleolus. The foot was easily replaced: Next morning there was neither swelling in the limb, nor general fever.

On the 12th, heat, redness, and swelling of the limb came on, accompanied by fever. During the next few days he became worse; fetid discharge came through the wound over the malleolus; and the parts over and within the articulation began to slough.

Incisions were made, and on the 21st the swelling was lessened, but the general condition of the patient was worse: the foot was displaced; the sloughing was extensive; the joint and the tibia exposed; the foot red and œdematous. In addition, he spoke and swallowed with difficulty; and trismus was present.

Amputation was now indispensable, and would have been already performed but for the general reaction, and the great swelling of the upper part of the leg. The immediate amputation of the limb was decided on, the occurrence of tetanus not being considered an obstacle.

In five minutes unconsciousness was produced by chloroform. The inhalation was continued for three more minutes, until the stiffening of the limbs gave place to complete relaxation; and the leg was amputated, the patient being quite unconscious. The chloroformization was repeated several times during the operation; and the patient was insensible for about eighteen minutes.

After the operation, the trismus was slightly lessened; but the jaws could only be partially opened. The patient complained of violent pain in the stump. In the course of the day chloroform was administered five times. Each time pain was suspended with consciousness, and the trismus lessened with muscular relaxation. But these effects were only momentary.

Next day the pain was lessened, but the trismus was more pronounced. Poul-tices, with laudanum, were applied to the wound. Etherization was practised six times in the course of the day. The effect of ether on the patient did not differ from that of chloroform.

On the 23d, opisthotonos was established; but the limbs were still free, except during paroxysms. Ether was given once, and chloroform six times during the day. The ether excited a prolonged rigor, violent cough, and a sense of suffocation. The ether was consequently exchanged for chloroform. During the evening, after the last inhalation, the bronchiæ appeared to be filled with frothy fluid.

On the 24th the symptoms were not materially modified. Deglutition was more laborious, and was always accompanied by cough and a sense of suffocation, as if each time liquid entered the air passages. The trismus and opisthotonos were complete and unyielding. He inhaled chloroform thrice during the day. The difficulty of breathing increased, and he became gradually worse. Deglutition was only possible during the short interval of muscular relaxation which followed the inhalation of chloroform.

At midnight he became suddenly worse: the respiration being frequent and embarrassed, the pulse rapid, and anxiety increased; convulsions came on; intelligence, hitherto scarcely affected, disappeared; a cold sweat covered the body; and, almost without agony, he died at 1 A. M., on the 25th.

Autopsy twenty-four hours after death—Complete muscular relaxation, which came on a few hours after death.—The brain and spinal marrow, slightly congested, were in all respects normal. Little blood in the cavities of the heart. Lungs engorged,

but crepitating. Mucous membrane of the air passages, especially in the minute bronchi, of an ineffaceable red. Nothing remarkable was observed elsewhere.

In this case, the anæsthetic inhalations were only followed by momentary relief. The etherism, sometimes exciting cough and sense of suffocation, aggravated, for the time, the disease. The progress of the disease was not modified by their use, since he died on the fifth day from the beginning of the attack; the usual period at which the tetanic die.

In reflecting on the intense pain seated in the stump, it occurred to me, that direct etherization of the wounded surfaces might remove the painful impressions which were transmitted to the nervous centres, and cure the tetanus by removing the reflex action on the muscular system. It seemed to me that this local and direct etherization of the wounded surfaces would affect with anæsthesia the extremities of the sensitive nerves; interrupt the connection of those nervous extremities with their centres; deprive the nervous system of its painful participation in the suffering of divided parts; remove the muscles and the whole organism from the reaction which violent irritation in the incitor nerves produces: in a word, isolate the wound, by detaching it, so to speak, from animal life, without injuring its relations with organic life. This isolation, it appeared to me, might be obtained by the direct and continuous action on the wound of the vapours of chloroform or ether, without having to fear that the insensibility in the nerves would spread beyond the points immediately acted on by the anæsthetic vapour, that there would be danger from absorption, or that the stump, deprived of the reaction of the whole economy, might want the necessary irritation to carry it through its successive stages to cicatrization: since these vapours, which deprive the nerves of their functions, excite the rest of the tissues.

Experiments, with regard to the effect of local etherism on the lower animals and on man; but these are neither sufficiently numerous nor decisive to be yet brought forward.—*Lond. Med. Gaz.*, Sept. 1848.

OPHTHALMOLOGY.

63. *Structure of the Vitreous Humour*.—Dr. HANNOVER, of Copenhagen, has lately investigated this structure with great care, and his researches have controverted the generally received opinion of its being entirely a cell structure. The opinion of Pappenheim (who, having hardened the vitreous humour of an ox and a man, by treating it with carbonate of potash), that this body was composed of concentric layers, like those of an onion, is not quite correct, at least as far as the human eye is concerned, for this appearance is evidently the result of the coagulation of the albumen. M. Brücke, from whose observations Müller took the description of the vitreous humour which he has published in his *Physiology*, used a concentrated solution of the acetate of lead; but this physiologist's description is true only in part, as it does not define in what manner the different layers terminate. Dr. Hannover, who made his observations on the vitreous humours of several mammiferous animals which had remained in a solution of chromic acid for at least six months, gives the following description of this substance. Its structure is clearest in the horse; if a transverse section of the eye be made horizontally, and passing through the optic nerve, a great number of concentric lamellæ, which divide themselves into smaller ones, are observed; the external ones follow the internal circumference of the eye; they are thicker next to the retina, and thinner behind the crystalline lens. The vitreous humour, he says, considered as a whole, consists of several bags or cells, of various degrees of thickness, completely shut, and contained one within another. The exterior ones are naturally the largest, and the internal ones are nearer the entrance of the optic nerve than the lens. A line passing from the centre of the optic nerve, where it pierces the sclerotic, to the middle of the posterior surface of the lens, will pass through the summit of all these cells, and through the middle of their convexity. The exterior cells are softer and more transparent; the interior ones, especially those immediately behind the crystalline, are compact and thin; all the cells are thicker towards the sides of the eye, and become thin towards the optic nerve. If the eye is divided vertically,

the same onion-like structure of the laminæ, particularly in the cat, dog, ox, and sheep, is observed. In man the vitreous humour is found to be chiefly composed of slices, the arches turned outward, and the angles converging towards the axis of the eye, somewhat like the segments of an orange, and this peculiarity is better observed in infants than adults. In two eyes which were very carefully examined by this observer, 180 rays were counted, but he has not been able to determine whether each segment has its own particular membrane, or a single membrane is common to two. Viewed with a microscope, the walls of the slices appear as simple transparent membranes, without any peculiar structure, but covered with innumerable small nuclei, which the author believes to be the result of precipitation. The axis, towards which all the slices converge, is the axis of the optic nerve. Having hardened a human eye in chromic acid, he made both horizontal and perpendicular sections of it. A horizontal section through the centre of the vitreous body presented a uniform plain surface, such as would result from the section of an orange cut right through the centre from pole to pole; whereas a perpendicular section of the vitreous body corresponded with what would result from a section of an orange made at right angles with that last described, viz., a number of rays converging towards the centre, which rays correspond with the different divisions of the orange-like slices of which it is composed.—*Dub. Quart. Journ.*, May, 1848, from *Annales d'Oculistique*.

64. *Cholesterine Cataract*. By W. R. WILDE, Esq.—About six years ago, a butcher, aged forty years, consulted us for loss of vision in his right eye, the result of a blow received some years previously. Upon examination we found a hard cataract, of a remarkable yellow colour, and to all appearance of a calcareous nature. Certain portions of its external surface presented the brilliant metallic appearance known as gold-leaf cataract. From its singularity we had an accurate drawing made of it at the time, and then lost sight of the patient for some years. Twelve months ago he again applied at the hospital, in great pain, and with the eye deeply inflamed, the result of a blow which he received upon the temple a few days previously in a drunken squabble, when, to use his own expression, his eye was burst. Upon examination we found that, to a certain degree, his opinion was correct, concussion and dislocation of the lens having taken place. The central nucleus of the lens was lying at the bottom of the anterior chamber, and a quantity of brilliant matter, like broken-up gold leaf, floated through the aqueous fluid, and adhered to the back of the cornea. When the eye had been at rest for some time, the greater portion of these particles subsided to the bottom of the chamber, but upon moving the eye, or on the patient's making any exertion, they floated upward, producing the appearance which we sometimes see in the fundus of the eye, and which, under the name of "sparkling eye," has recently engaged the attention of oculists. We had an accurate drawing made of the eye in this condition. The usual antiphlogistic treatment having failed to afford relief, and the pain being most intolerable, we agreed to extract the lens, and remove as much of the offending body as possible. As this very remarkable case afforded a rare opportunity for analyzing this peculiar form of cataract, Professor Aldridge carefully examined the case, and assisted us at the operation. We made an inferior section of the lower third of the cornea with Scott's extraction knife, which is well adapted for such cases, from the curvature on the back, and the little space which it occupies. During the incision a small eye-cup was held beneath the globe, in order to receive the lens, and other means adopted to preserve as much as possible of the substance we wished to analyze. As soon as the incision was completed, the great mass of the broken-up lens and the central nucleus immediately escaped, and the remaining fragments were removed with Daviel's scoop. Immediate relief was experienced; the wound healed by the first intention, but with rather a broad cicatrix. There was no adhesion or distortion of the pupil. The globe did not collapse, but the vision had been for many years extinct.

We give the following account of the analysis from a letter of Professor Aldridge's: "You may recollect that, previous to operation, distinct and beautiful crystals were visible, attached to the interior of the cornea, similar to scales of yellow mica. These, during the operation, you scraped off, at my request, and handed them to me, together with the extracted lens. The crystals referred to,

when examined by the microscope, appeared under the form of rhombic plates. They were soluble in ether and hot alcohol, from the latter of which they recrystallized in cooling, and were insoluble in a solution of potash, which, however, removed their colour. The lens was anteriorly sprinkled closely with similar crystals, but when these were removed, by digesting with ether, the lens itself remained white and opaque. It was insoluble in water, alcohol, ether, or dilute acid, but readily dissolved when gently heated in a solution of potash, and was again precipitable by acetic acid. I think there can be no doubt but that the crystals were chiefly composed of *cholesterine*, and that the cataract was due to the deposition of some proteine compound, and a distinct phenomenon from the crystallization of the *cholesterine* discovered upon its surface, and which was afterwards so manifest in the anterior chamber." Besides the general interest of this very curious case, there are two topics connected with it on which we would remark: First,—the value of having accurate drawings made of every remarkable case which occurs, even though at the moment no ultimate benefit, except that of representing a peculiar form of disease, may appear to be gained; and secondly,—the advantage which ophthalmic surgery must derive from the analysis of morbid products such as that described.—*Dub. Quart. Journ.*, May, 1848.

65. *Sparkling Eye*. By W. R. WILDE, Esq.—In synchysis and certain forms of ophthalmic disease we sometimes observe, upon looking steadily into the depth of the eye, that there is a peculiar scintillating appearance exhibited. At times this has the appearance of small sparks of light, not unlike the phosphorescence which sometimes appears upon the surface of the sea, particularly when the water is agitated. Those brilliant sparks generally appear to rise up from the inferior surface of the eye, and fall down again in a description of shower. In two cases which we have had under our care, this appearance could be induced by any motion or exertion, when it very much resembled the look which a bottle of *eau de sie* presents when the gold leaf in it is shaken up. There are other appearances in the eye of a luminous character, with which this must not be confounded. In certain forms of amaurosis we can, particularly when the pupil is dilated, perceive a brilliant yellow appearance, with a metallic lustre, and of a spherical shape, lining the fundus of the eye. At first view this might be taken for the early stage of malignant disease, but the history of the case, the age of the patient, and the attendant circumstances, will enable us to distinguish it from that affection, although at times the differential diagnosis is exceedingly difficult. The scintillations to which we have alluded may or may not be attendant upon this form of disease. The cause of these appearances has lately engaged the attention of several continental writers. M. Desmarres thinks that it is due to a peculiar morbid disposition of the hyaloid cells, which, being less distended than natural, on account of the fluidity of the vitreous humour, and floating one over the other, reflect separately, instead of refracting the light. M. Malgaigne considers that this phenomenon is owing to the presence of little foreign bodies floating in the vitreous humour, and put in motion during the movements of the eye. These he believes to be crystals of *cholesterine*, which reflect the light as they present themselves to it in several inclinations. M. Tavignot's opinion coincides with the latter. He says that he has collected some of these sparkling particles, and that they bore the greatest possible analogy to the corpuscles of *cholesteria* sometimes found in the liquid of hydrocele. He does not know, he says, whether their chemical composition be the same, but he considers it probable; and he thinks that the crystalline capsule, from its serous character, at least upon one aspect, may give rise to a product similar to that produced by the *tunica vaginalis*.* We incline to the opinion, that in a great many cases the sparkling appearances are caused by the chemical substance just alluded to; and we are the more induced to believe this from the examination of the gold-leaf *cholesterine* cataract already detailed; [see previous article;] but there are other cases where the brilliant appearances do not present a palpable character like those just described, but appear as brilliant, evanescent scintillations of light, even in the anterior chamber.—*Ibid*.

* *Revue Medico Chirurgicale*, August, 1847.

66. *Chloroform in the treatment of Ophthalmia.*—M. UYTTERHOEVEN has employed chloroform successfully in various forms of ophthalmia. In a patient at the Hôpital St. John, Brussels, he soothed by this means neuralgic pains resulting from injury of the eye. He has also found chloroform very useful in photophobia of scrofulous ophthalmia. M. U. prescribes it as a collyrium, in the dose of eight drops in an ounce of distilled water.

MM. BUSCH and CUNIER have administered it in the dose of from 8 to 16 drops in a mucilaginous potion of 60 grammes; to be taken in teaspoonful doses in the 24 hours. The benefit obtained from it in eight cases of chronic scrofulous ophthalmia, and in one of neuralgia of the eye, was very remarkable.—*Journal des Conn. Medico-Chirurg.*, Oct. 1848.

67. *Ergot of Rye a Remedy for Excessive Dilatation of the Pupil from Belladonna.*—M. COMPERAT has announced a plan by which he has succeeded in removing dilatation of the pupil produced by belladonna in a patient of his, in whom the iris was scarcely visible, so complete had been the action of a small dose of belladonna applied externally. For some days the excessive dilatation resisted the employment of various collyria. He prescribed powdered ergot of rye, taken like snuff. The dilatation disappeared in a few seconds—it soon returned; the same remedy was again employed, and it did not reappear. He thought that ergot might be thus used in cases in which dilated pupil arises from the other causes.—*Lond. Med. Gaz.*, Sept. 1848.

68. *Ergot of Rye in Mydriasis.* By J. F. M'EVERS, M. D., of Cork.—In the London Medical Gazette of September 8, a correspondent notices the peculiar action of ergot of rye upon the iris, discovered by M. Comperat; he says that in excessive dilatation from the use of belladonna, powdered ergot of rye, taken like snuff, has the property of contracting the pupil. Dr. M'Evers tried its effects on several persons, whose irides were strongly under the influence of belladonna, and in no case did the ergot cause any change when employed on the same day with the belladonna, but in every case, on the subsequent morning, whilst the pupils were still largely dilated, the ergot had a marked effect after a few minutes. Thinking with Comperat, that our knowledge of this property of the ergot may be taken advantage of when the pupil is preternaturally dilated from other causes, he tested its efficacy in the following case of mydriasis.

A man aged 50, had spent the greater part of his life in tropical climates, but returned home with a good constitution. On getting out of bed three weeks ago, he observed excessive lachrymation of the right eye, which has continued since, together with impaired vision. The eye is free from vascularity or pain of any kind, and looks healthy in all its parts, except the iris, which presents the appearance of a narrow ring, so largely is the pupil dilated; the iris is perfectly immovable.

A few pinches of ergot contracted the pupil considerably in a few minutes, whilst a few additional pinches taken on the following morning, reduced the pupil to its normal standard, the iris assuming the lively motions of healthy action; thus, in a day, completing, as far as the pupil is concerned, the cure of a disease which Demours, and other writers on ophthalmic surgery, tell us cannot be accomplished by a six months' treatment.—*Dub. Quart. Journ.*, Nov. 1848.

[We have employed the powdered ergot in two cases of mydriasis and we think with advantage; but the effects were by no means so striking as observed by M. Comperat or even by Dr. M'Evers.]

MIDWIFERY.

69. *On the Mammary Secretion as a Sign of Pregnancy.*—Dr. ALEXANDER PEDDIE, in an interesting paper in the *Monthly Journal*, (Aug. 1848,) states that "From the experience of upwards of two years, during which my attention has been directed to the subject, I feel convinced that the most invariable sign of gestation prior to quickening, is to be found in the presence of fluid in the breasts,—with the limitations that

shall hereafter be noticed; and, consequently, that the absence of the secretion will afford the surest evidence that the suspension of the catamenial flux is an abnormal deviation from nature's course. The sign is indeed, to some extent, an old and popular one, but not to be despised or overlooked on that account, nor to be set aside without consideration. Although some eminent writers on obstetric medicine have passed it by without any notice, and others have pronounced it 'an evidence scarcely of any value at all,* I would earnestly invite an unprejudiced attention and scrutiny of the subject; for my own experience in judging from the sign, when there was an opportunity of watching the course of events, warrants in me stating, that I have never found it fail in regard to those *who were gravid for the first time*, or in regard to those who were not pregnant at all. And although the greater number of cases of pregnancy in which I have had an opportunity of applying the test, have been advancing in the fourth month, yet so early as the end of the second and the beginning of the third months the sign has held good. It is not, however, until about the termination of the third, and more generally in the currency of the fourth months, that the medical man is consulted, when the repeated non-appearance of the menses attract the notice, and excite the interest or fear of the individual, according as the moral feelings may be affected. And, as the value of the sign is not insisted upon in its application to other than first pregnancies, within this limitation is included the class of cases, which, above all others, are of most frequent occurrence and importance, and which occasion most trouble and anxiety to the practitioner.

"Perhaps the value of this sign in the early months, has been doubted or underestimated, in consequence of not observing fluid trickle from the nipples, as it frequently does in the last month of pregnancy. I believe that this will rarely happen in the commencement of a first gestation. The fluid must be brought; and the method of obtaining it, under doubtful circumstances, is to press the finger and the thumb firmly on the mammary gland, a little beyond the margin of the areola, and then draw them to the point of the nipple with a stripping and expressing movement. This repeated three or four times, will certainly bring fluid if any be present; and a single drop will suffice to prove the nature of the case. A little moisture from the sebaceous follicles of the areola, which is sometimes produced during these efforts, must not be mistaken for a lactic secretion. I believe that this kind of exudation, which may occur in ordinary circumstances, has actually led, in some instances, to the rejection of the sign which I am now advocating. It is recommended also, that if a drop of fluid is not obtained from one nipple, the other ought to be tried, as the orifices of the lactiferous tubes are sometimes more narrow or glued up in the one than in the other breast, and in primiparæ this is more particularly the case.

"In the early months of a first pregnancy the secretion has seldom the external appearance of milk, but is serous-looking, and often very viscid and syrupy. When submitted, however, to the microscope, the characteristic milk globules will at once be detected; and these will be seen agglomerated *en masse*, the solid portion being at this period in a large ratio to the fluid, which latter is also peculiarly glutinous. Mixed with these groups will be perceived an abundance of large oil globules and colostrum granules, as in the green milk of recent parturition. There are sometimes found also a few epithelial lamellæ, which have been separated from the lining membrane of the excretory ducts, and which have either not been transformed into colostric masses, or, if this has been so, they have already parted with their mucoid and granular contents.

"Of the annexed plates, II. and III. are exact copies of the secretion taken in the third and fourth months of gestation; the first, from a young unmarried woman, who attempted to conceal her pregnancy; and the second, from a young unmarried lady, who was not aware of her own condition, and whose station in life, education, and previous good conduct, were a protection against an early suspicion of her state. Both were convicted by the milk test, when the ordinary signs excited only a vague suspicion; both soon confessed their transgression; and both were, on the strength of the opinion given, immediately placed in the bonds of lawful wedlock.

* Churchill, Theory and Practice of Midwifery, p. 107.

"The value of the lactic secretion as a sign of pregnancy has apparently been disregarded by some, in consequence of the very exceptional cases recorded, more especially the example given by Baudelocque, of a girl eight years old who was able at pleasure to milk her own breasts, and another somewhat similar mentioned by Belloc; and this under-valuation may also be ascribed to the statements of other writers regarding the exudation of milk, even from the breasts of adult males.* Such cases, however, even if well authenticated, are worthy only of being ranked among other physical monstrosities occasionally met with; and even instances less wonderful, as the appearance of fluid in the breasts of those who are not, and never were pregnant, ought, I think, to be viewed as rare examples of nature's freaks—her exceptions, and not her rule.† While I do not doubt that such cases have occurred—though I think some of them are not unlikely to have been the follicular exudations already noticed—in the very numerous examinations which I have made with a view to detect, if possible, the existence of fluid in the *mammæ* of the non-pregnant, I have not as yet met with an instance of the kind. In many instances of unmarried women of unblemished character, who were suffering from menstrual obstructions, and of married women under similar circumstances, who never were gravid, I have not been able by expression to obtain a single drop of fluid; and in many instances also of both classes where there was perfect uterine health, I have been equally unsuccessful.

"Beyond the limitation of first pregnancies, I would not desire to urge the application of the milk test; for when a woman has once suckled, the fluid is apt to linger in the breasts a considerable time after weaning, and the *mammæ* continue performing a partial function,—in many instances, doubtless, owing to the daily operation of maternal sympathies. In general, I have found the fluid easily attainable from three to six months after weaning, and the restoration of the catamenia,—although in one instance which occurred lately, it had completely vanished before the expiration of two months. On the other hand, I found it present in one case after the lapse of two years; and I believe that it may exist at a still later period, although in several women still within a child-bearing age, I have been unable to procure a single drop of fluid at the distance of four years from the date of last weaning. It may, however, readily return at a much later period in the case of those who have once given suck, when the uterus becomes distended with any false conception or hydatid accumulation; and very probably it may do so under similar circumstances, in those who never were pregnant. An instance of the former kind came lately under my own observation. The patient had not had a child for nine years, and while the uterus gradually enlarged, and the abdomen became distended, so as to simulate pregnancy, and lead to the necessary preparations, imposing on myself at an early, and on another physician at a later period, the secretion was most abundant. The time of expected confinement, however, passed by to the extent of several weeks, and the mystery was solved by a sudden and large discharge of water.

"When milk is procurable a few months subsequent to weaning, and the woman not again gravid, I have found it existing only in small quantity, one or two drops, viscous and cream-like to the unaided eye; and to the microscope it presents milk globules in sparing number, often ill formed, adhering together, or to large oily drops (the creamy part), or to the epithelial scales, mucoid, and other foreign matters, which are generally present in abundance—as is seen in Fig. VII., 1 and 2. The secretion in such circumstances affords, I think, some good diagnostic marks, by which it may be readily distinguishable from fluid obtained in the early months of a new gestation. The latter is comparatively rich in milk

* Carpenter, in his *Treatise on Physiology*, p. 626, refers to an instance of this kind, as described in the *Phil. Trans.*, vol. xli. p. 813; another by Captain Franklin, in his *Narrative of a Journey to the Polar Sea*, p. 157; one by Humboldt, in his *Personal Narrative*, vol. iii. p. 58; and a fourth by Dr. Dunglison, in his *Physiology*, vol. ii. p. 417. In the last-mentioned case, the subject, a man of colour, is said to have actually officiated as a wet-nurse!

† In this light I would regard the single instance which M. Donné has noticed, of a little fluid found by him in the breast of a young woman said never to have been pregnant, and which presented the microscopic character of milk: p. 441.

globules of normal appearance, and of better medium size, having abundant colostrum, and few, if any, membranous scales, or debris of disintegrated textures—(Figs. II. and III.); and, as the full term of gestation is approached, the secretion increases in quantity, and becomes better in quality, more evidently suited for the important object in prospect.—(Figs. IV. and V.)

“From the above notices, I think it may be admitted that the sign of pregnancy now advanced, although of most value in the diagnosis of a first pregnancy, is not without a certain amount of importance in the recognition even of a subsequent gestation; and I should decidedly affirm, that in general it is more certain in its information as a corroborative evidence of pregnancy than the papular areolæ, which, when once darkened, seldom lose much of their colour, or of the follicular glands, which retain, in a great measure, their size after they are once developed.

“Compared with any of the ordinarily recognized signs for distinguishing a first pregnancy from a simple suppression of the menses, before any bulk or impaction in the iliac and hypogastric regions can be detected by the eye or hand, or before the ear can discover the unmistakable sounds of placental and fetal circulation, there will be found, I think, far fewer exceptions to the milk test. As regards the sign of *morning sickness*, I have had under advice many cases of obstructed menstruation from causes unconnected with gravidity, yet attended with disturbance of the digestive organs to a great extent, of which daily recurring sickness—most frequently in the morning—formed a part; while, on the other hand, in very frequent instances this symptom has been entirely wanting in those really pregnant. Then, again, the signs taken from *the aspect of the mamma*, are most variable and contradictory. While I have often observed women with fair complexions who had large breasts, well marked areolæ, numerous and large follicular glands, and prominent nipples, suffering merely from suppression of the catamenia, I have seen not a few with dark or sallow complexions, who, although undoubtedly pregnant, had small breasts, small nipples, areolæ scarcely distinguishable from the surrounding skin, and few or no sebaceous glands.* Were it not to extend this communication to too great a length, I might give notes of many cases illustrating the variability and uncertainty of these signs. I shall, however, content myself with noticing only one example—which is interesting in several other respects. The patient was brought before the Obstetrical Society in December last,† by Dr. Simpson, chiefly to show the impossibility of diagnosing pregnancy in her case, in so far as the appearance of the mammae were concerned. The woman had dark brown hair and a sallowish complexion; she had been four years married, and was then, although presenting no traces of areolæ or glandular follicles, decidedly in the seventh month of her first pregnancy, complicated with large fibrous tumours projecting from the anterior wall of the uterus. Now, it is an interesting fact, that before the fourth month was complete, counting from the last menstrual period, I had carefully examined this patient, who called on me on account of the tumour of the abdomen; and, in consequence of being able to extract a little fluid from the nipples, I expressed my conviction that she was pregnant, though I was then at a loss to say whether the tumour was a growth from the uterus or an extra-uterine conception. On a second examination, about one month subsequently, I was able by the stethoscope to verify the opinion formerly given as to the fact of gravidity, and I know that she has been since confined at the proper term of gestation.

“As regards the evidences of pregnancy from *abdominal exploration* previous to the commencement of the fifth month, there is always ground for much doubt and fallacy. For it is not till then that quickening occurs; and in cases requiring a special scrutiny, this is a symptom which will, in all probability, be concealed.

* In so far as the appearance of the breasts are concerned, it may be curious to notice here, that I had under my care lately an adult male of fair and ruddy complexion, afflicted with disease of the heart, whose breasts were full, slightly pendulous, surrounded with exceedingly dark areolæ, numerous follicles, and whose nipples were large and prominent. On several previous occasions I have met with cases somewhat similar; and in fact the variety in the colour of the male areola, the development of its follicles, and the size of the nipple, is a matter of daily observation.

† Monthly Journal of Medical Science, March 1848, p. 693.

It is not until then also, that the iliac and hypogastric regions assume a visible fullness, and give to touch a feeling of firmness and impaction; and, although this enlargement was then apparent, it might be owing to causes very different from gravity. Auscultation, too, comes after this period only to be of any avail,—and perhaps not even until a considerable time subsequently, to the ears of many; and did delicacy oppose no obstacle to uterine examination, until now the finger or the speculum of the most experienced obstetrician, may be unable to detect the true nature of the case.

“The presence in the urine of what has been called—but absurdly so—*Kiesterin*, is a very important evidence of the existence of pregnancy. It has been found by Dr. Golding Bird* as early as the second and third months after conception; but as it appears to exist only in small quantities in the early months, as the urine must be allowed to settle for a number of days before the peculiar greasy, cheese-odoured pellicle can be obtained, it is evident that this is not a test which can be often or conveniently employed, especially in the most important class of cases in which the physician is consulted. The fact of the unvarying existence of this substance, however, may, I think, be assumed as strongly corroborative of the value of the milk test, as it shows the presence of the secretion at an early period; for without doubt, as Dr. Bird expresses it, ‘the imperfectly formed secretion of milk, not having a ready exit by the mammæ, is taken up into the circulating mass, is separated by the kidneys, and eventually escapes from the body in the urine.’† With the aid of the microscope, I have fully satisfied myself that this product contains some of the elements of milk—the largest amount of which is probably caseous matter, mixed with crystals of the triple phosphate of magnesia.”

70. *Protracted Lactation*.—Dr. MOIR mentioned to the Edinburgh Obstetric Society (June 14th) the case of a married lady, who, from certain reasons, was unable to nurse her children, but in whom the secretion of milk was after each confinement unusually protracted, notwithstanding the means used to discuss it. Starvation, purgatives, diuretics, diaphoretics, and alteratives, as internal remedies, and local astringents of various kinds were used, without in the least diminishing the secretion, or having any effect further than that of weakening the patient; so that latterly the only means employed were of a tonic nature, to sustain her strength. The secretion continued from one confinement till about the third month of the succeeding pregnancy, after which it almost ceased; after her second confinement it continued eighteen months; after her third, twenty-four months; after the fourth, twenty-five months; after the fifth, about twenty-four months, when she had a miscarriage, and since then has had no children. A circumstance that rendered this case peculiarly distressing was, that after her first confinement she suffered from a severe mammary abscess, which, by the practitioner then in attendance, was opened close to the nipple. From this wound the milk continually flowed, and as it never healed up, it was impossible to receive the milk from this breast into any convenient reservoir; so that the lady was kept in a constant state of discomfort, her dress, notwithstanding the use of oiled silk and M^rIntosh cloth, being completely saturated with milk. The skin over the abdomen and left side was from the same cause much irritated, and in warm weather partially excoriated.

Dr. Peddie knew of a woman having nursed uninterruptedly for three years.—*Monthly Journal*, Sept. 1848.

71. *Sore Nipples and their Treatment*.—By Drs. M^cCLINTOCK and HARDY.—Sore nipples may not only incapacitate a woman from nursing,—a deprivation in itself often sufficiently grievous,—but they may, as we have before observed, give rise to mammary abscess, from an extension of the inflammation backwards, along the ducts, to the substance of the gland. This, in point of fact, is the great danger to be apprehended, and every other consideration should give way to it.

When there is reason to dread such a result, the child is entirely withheld from the affected breast, which is kept soft by rubbing, and if the nipple itself appear to be the seat of any inflammation, a bread and water poultice is applied to it.

Of the various topical applications for sore nipples employed in this hospital, it

* Guy's Hospital Reports, Vol. V. pp. 16 and 25.

† Ibid, p. 22.

may be well to mention two or three whose value has been established by long experience.

Amongst these the tincture of catechu holds a high place, and has been found a very excellent astringent; like the other remedies of this class, it is best adapted for the simply excoriated or abraded nipple. Nearly similar to it is the solution of pure tannin, so highly recommended by Mr. Druiitt. It is made by dissolving five grains in an ounce of distilled water. We have not observed it to possess any superiority over the catechu, except in being more cleanly. The following is a favourite lotion with Dr. Johnson, who has been in the habit of using it for many years:—R. Sub-borat. sodæ, ℥ii; Cretæ precipitat., ℥i; Spiritus vini, Aquæ rosæ, aa ℥iii. M. fiat lotio.

This may be applied alternately with the following ointment, or the latter may be used alone:—R. Ceræ albæ, ℥ivss; Ol. amygdal. dulc., ℥i; Mellis despumat. ℥ss; Dissolve ope caloris, dein adde gradatim, Bals. Peruviani, ℥iiss. M. fiat unguentum.

In some cases we have seen benefit result from the use of tincture of galls and compound tincture of benzoin (Friar's balsam), in equal proportions.

It is always well to have in mind a number of these different preparations, for it not unfrequently happens that one will answer our purpose when others have failed. For fissured nipples some authors strongly advise the application of solid nitrate of silver: but our experience does not permit us to speak of it. Dr. Johnson thinks it is sometimes a good remedy in such cases, at a remote period of delivery; but that during the puerperal state its use is not advantageous, as it is apt to be followed by mammary abscess.—*Practical Observations.*—*Lond. Med. Gaz.*, Sept. 1848.

72. *Fissures of the Nipples.*—M. JOSE LEON advises all pregnant women who have reason to fear chapped nipples, to use during the month preceding delivery, once a day, the following liniment, the breasts being previously washed with tepid water:—R. Tannate of lead, grammes iv; Simple cerate, grammes xxx; Oil of roses, drops ij. The bosom should be immediately covered with a compress of soft linen.—*Gazette des Hôpitaux*, Sept. 14th, 1848.

73. *Rupture of an Impregnated Uterus, from a collection of Pus in its Cavity.*—By Dr. Guzzo, of Naples.—A woman, æt. 34, liable from puberty to uterine pains and irregularities, married, but childless, came under Dr. Guzzo's care in June, 1837, when he found the uterus as enlarged as at the fifth month of pregnancy, and, in a twelvemonth after, it nearly had reached the umbilicus, occasional colourless discharges being observed. She continued to live until 1841, the tumefaction still increasing, when, after the use of a purgative, peritonitis was induced, and in a few hours she died. A large quantity of pus was found in the abdomen, and the uterus adhered to its parietes from the pubes to the umbilicus, filling up the iliac and hypochondriac regions, and was covered by the omentum. The cavity of the womb contained an enormous quantity of inodorous white pus, various irregular hypertrophic formations being developed on its inner surface. Its walls were thickened, and contained in their substance tubercular masses, varying in size from an olive to a walnut, some being crude, and others suppurating. Some of these tubercular abscesses were just on the point of opening into the cavity of the uterus, and a rupture had taken place at the posterior surface of the organ.—*Brit. and For. Med. Chirurg. Rev.*, Oct. 1848, from *Archives Générales*.

74. *Statistics of the Induction of Premature Labour.*—Dr. HOFFMAN observes that, favourable as he is to this operation in appropriate cases, his present statistical investigations convince him that it is resorted to with unnecessary frequency. Thus, in the kingdom of Saxony, with only a million and a half inhabitants, it was resorted to 64 times in the year 1839 alone; and Dr. Ramsbotham has employed it 72 times, which he thinks far too often for any single accoucheur to require its aid. He should bear in mind, however, that Dr. Ramsbotham has one of the largest consultation practices in this immense metropolis. Dr. Hoffman has collected 524 cases, and, as the references to all these are supplied, his paper is one of considerable bibliographical utility. Of these cases, 271 were due to Ger-

man, 192 to English, and 17 to French practitioners; but when we find he only assigns 3 cases to Americans, we see how defective his researches in that quarter must have been.

The age of the mother is recorded in but 146 cases, the youngest being 17, and the eldest 44; in more than one-half of the entire number she had reached or passed her 30th year. Of 258 cases, in only 49 was the operation resorted to in a *first pregnancy*. Although the *repetition* of the operation in the same woman must have been no infrequent occurrence, the author finds records of this only in 34 cases, in some of which it was performed three, four, or more times. The *stature* of the women is recorded to have been oftener small than large, as would be expected, from the greater frequency of small and rickety pelves in conjunction with the former. In comparatively few cases has the author found the *indications* for the operation furnished, but justly concludes that, in the bulk of cases, it has been instituted on account of narrow pelvis. In only 68 cases does he find that *preparatory treatment*—such as baths, tepid injections of the vagina, friction of the abdomen, &c.—have been put in force; an omission, he considers, much to be regretted.

In nearly two-thirds of the cases, the *mode of operation* is given. Of the more generally admitted of these, the use of *secale cornutum* is recorded in 45 cases, almost entirely by English practitioners. In these, 23 children were born alive, 15 dead; and, of the whole 38 noted, 12 others died within 36 hours after birth. The *Hamiltonian* plan of detaching the membranes, modified by several Germans, is exceedingly tedious. The introduction of *prepared sponge* is a favourite mode with the Germans, and was employed in 70 cases. In 56 cases in which the condition of the child was noted, 42 were born living. *Puncturing the membranes* is the oldest mode, and has been resorted to in 180 cases, and, indeed, doubtless in many of the others not specified. It is beyond all others the easiest, quickest, and most certain means of inducing premature labour, but has been received with much more favour in England than in Germany. By it, however, a far less proportion of children are saved than by the use of the sponge. The fates of 178 are specified, of which 103 were born alive, 12 still-born, and 63 born dead.

As to the *presentation of the child*, it is specified in only 120 cases; and of these 45 were cephalic, 75 non-cephalic presentations. This proportion is, however, delusive; as it is nearly certain that all the cases not specified were natural presentations. Even allowing this, we still find every seventh case a preternatural one. In the 75 cases, the great number of 19 cross-births are noted. In 84 cases the completion of the labour required assistance; in 36 by the forceps, 18 by turning, and 11 by perforation.

The fate of the *child* is recorded in 373 cases, in which 250 were born living, or recovered from asphyxia, and 123 dead. But in 77 of these cases, the child died from circumstances which could have had no reference to the operation, as faulty position, perforation, &c. Of 192 of the children born living, further reports state that 127 continued to live, and 65 had died—28 in the course of six hours, 6 in twenty-four hours, and the rest at periods varying from a day to a year or more.—*Neue Zeitschrift für Geburtskunde*, vol. xxiii. pp. 161–222, and 371–436.

[We have thought it right to give a few of the results detailed in Dr. Hoffman's long paper, the general conclusions from which would seem to be, that if a discharge of the liquor amnii is the most certain mode of inducing premature labour, other modes save a large proportion of children. Still, this is uncertain, owing to the paucity of facts adduced, compared to those which have really occurred; for, valuable as is the numerical system, when operating upon large bodies of facts, of the whole of which the entire particulars are similarly recorded, its partial application is of little use, and may even give rise to the most erroneous conclusions.]—*Brit. and For. Med.-Chirurg. Rev.*

75. *Prolapsus of the Funis, at the second month of Pregnancy*.—MR. I. B. BROWN related to the Westminster Medical Society (Oct. 21) a case of this rare phenomenon. The subject of it was thirty years of age, and the mother of three children. She was threatened with abortion, and after two or three attacks of hemorrhage, attended with expulsive pains, in one of these the cord was found to be presenting in a loop. The following day a severe pain came on, and the cord

burst. This was followed by profuse hemorrhage, and the expulsion of the fetus. The placenta was found to be nearly bloodless. In consequence of the severe pain experienced in removing the placenta, the patient was placed under the influence of chloroform. It was quite successful, and she is doing well.—*Lancet*, Nov. 4, 1848.

76. *Quinine as prophylactic of Puerperal Fever.*—The idea that quinine is preservative against puerperal fever was started by M. Alphonse Leroy, of Ronen, in 1793. M. LEUDET put it to the test in an epidemic which occurred in 1843, and lasted for three months, administering it before the accustomed period of the first appearance of the malady. For this purpose he employed the quinine in 15 grain (one gramme) doses, and in the few cases it was then tried in no fever followed. He repeated his experiments in two other epidemics, occurring in the years 1845 and 1846, when he found that those submitted to this medicine did not contract the fever. To give the statistics:—Of 83 women who entered the Hotel Dieu de Rouen, between September, 1843, and January, 1844, 74 took no medicine, and 21 of them were seized with puerperal fever, whilst the remaining nine were dosed with the quinine, and escaped contagion. Again: between July 8th and August 9th, 1845, 26 deliveries occurred: 11 women were submitted to no medication, and eight of them were attacked with the epidemic fever; of the 15 others treated with sulphate of quinine, one only caught the disease. Lastly, between the 9th of March and the 21st of April, 1846, 36 women were delivered: of the 19 who took no quinine, 11 were attacked; of the 16 submitted to its action, only one was seized with fever.

The following is the manner in which M. Leudet employs the quinine:—As soon as the newly delivered woman has a little recovered the shock of the childbirth—viz., in about four hours after delivery, 15 grains of the medicine are given in the course of the 24 hours, in three portions. The same quantity is prescribed the next day, but on the third day it is diminished to ten grains, and the same dose is persevered in until the usual period of the accession of the fever has passed by, up to about the sixth day. The occurrence of milk fever is not always an indication to stay the quinine, for in very many cases that febrile disturbance is very slight.

The plan of using quinine as a prophylactic has been subsequently adopted in Paris by M. Cazeaux, who could, from his experience, however, make no report of its efficacy. Nevertheless, any remedy holding out such a promise, in so fearful a disease, should not be thrown aside until after a careful and repeated trial. On the other hand, hygienic measures must be looked upon as by far the best safeguards, both against the development and the propagation of puerperal fever. *Lancet*, Oct. 7, 1848.

77. *Medicated Pessaries.* By Dr. SIMPSON. (Proceedings of Edinburgh Obstetric Society.)—In diseased states of the cervix uteri and vagina, medicinal substances had been applied locally to those parts under various forms, but principally, either in a solid state (as nitrate of silver, potassa, &c.), or in a liquid form (as in the great varieties of medicated injections in common use in leucorrhœa, &c.) When thus used, the local application was temporary, and applied for a few minutes only. But in various forms of disease it seemed an indication of no small importance to have the medicated substance applied continuously, and not temporarily. Medicated pessaries, which Dr. Simpson had first introduced into practice several years ago, and which had since been extensively adopted by various practitioners in London and elsewhere (see description of them published by Dr. Stafford Lee, Dr. Oldham, &c.), enabled us to fulfil this indication. By their use, for instance, we could keep the cervix uteri, when ulcerated and indurated, constantly embedded in mercurial or iodine ointment for weeks, and sometimes with the most marked benefit and success. They fulfilled another indication in cases of irritation and inflammation of the mucous membrane of the cervix uteri and vagina. They kept the opposed diseased surfaces from coming in contact, and it was well known how important a matter this was in the pathology of mucous and cutaneous surfaces.

Dr. Simpson had been in the habit of applying a variety of substances in the

form of medicated pessaries, particularly zinc and lead ointment, &c., as simple emollients; mercury and iodine as discutients (and particularly the iodide of lead); tannin, alum, and catechu, as astringents; opium, belladonna, &c., as anodynes. The pessaries were made of the size of walnuts, and could be easily introduced by the patients themselves; one or two in the twenty-four hours. They were composed of the medicine used, mixed up in the form of an ointment, and brought to a requisite degree of consistence with one or two drachms of yellow wax to the ounce of ointment. Messrs. Duncan and Flockhart, druggists, had found the following proportions requisite in the subjoined forms, (those in most frequent use in Edinburgh;) and they might serve as models for the others. After being made up in the proper form, they were usually coated by the druggists with a firmer covering, by dipping them into an ointment made up with wax and resin, kept liquid by heat. About an ounce of the different ointments made four balls.

1. *Zinc Pessaries*.—R Oxydi zinci ʒj; Ceræ albæ ʒj; Axungiæ ʒvj. Misce, et divide in pessos quatuor.

2. *Lead Pessaries*.—R Acet. plumbi. ʒss; Ceræ albæ ʒiss; Axungiæ ʒvj. Misce.

3. *Mercurial Pessaries*.—R Unguent. hydrarg. fort. ʒij; Ceræ flavæ ʒij; Axungiæ ʒss. Misce.

4. *Iodide of Lead Pessaries*.—R Iodidi plumbi. ʒj; Ceræ flavæ ʒv; Axungiæ ʒvj. Misce.

5. *Tannin Pessaries*.—R Tanninæ ʒij; Ceræ albæ ʒv; Axungiæ ʒvj. Misce.

6. *Alum and Catechu Pessaries*.—R Sulph. aluminis ʒj; Pulv. catechu ʒj; Ceræ flavæ ʒi; Axungiæ ʒvss. Misce.

7. *Belladonna Pessaries*.—R Extr. belladonnæ ʒij; Ceræ flavæ ʒiss; Axungiæ ʒvi. Misce.—*Month. Journ. and Ret. Med. &c.*, June 1848.

78. *Plaster Belt in Abdominal Tumours*. By Dr. SIMPSON. (Proceedings of Edinburgh Obstetric Society).—Dr. Simpson stated, that patients affected with pediculated ovarian tumours, large fibrous tumours of the uterus, &c., often suffered from the morbid masses being loose and mobile, and impinging on the bladder, &c., in different positions of the body. Patients sometimes instinctively applied their hands to the tumours, under such circumstances, to steady and fix them. In these cases different means had been tried, with the view of preventing the tumours rolling and moving—such as various bandages, air-pads of Mackintosh cloth, &c. The best and simplest means, however, consisted in surrounding the whole trunk with a continuous belt of lambskin or chamois leather, eight or ten inches deep, and shaped and sewed so as carefully and exactly to fit the loins and lower part of the abdomen of the patient, like a common abdominal bandage, and embossed in front so as to contain and include, as in a bowl or cup, the protuberant portion or portions of the tumour. To fix the belt, its interior was spread with a plaster composed of one part of adhesive to two parts of soap plaster. It generally gave the patient much relief; abated the feelings of abdominal weight and pressure and pain in the back; held the tumour steady; and could be applied so as even to compress it. In other cases where no tumours were present, but the abdominal parietes and contents were relaxed, or the spine weak, the same form of plaster often afforded a great degree of comfort and relief, and enabled patients to take exercise, &c., when, otherwise, they could not without fatigue and suffering. They generally required to be removed and renewed every four or six weeks.—*Ibid.*

79. *Employment of Chloroform in Midwifery*.—Dr. SIMPSON gave a long report and detailed communication on the employment of chloroform in midwifery, stating that he had used it constantly, and with the best results, in his own practice since November; mentioning the rules required to be attended to in its exhibition; answering the supposed objections to its use, &c. &c. He read numerous communications and reports regarding its employment, from Dr. Grigor of Nairn, Professor Dyce of Aberdeen, Mr. Lawrence of Montrose, Dr. Paton of Dundee, Dr. Anderson of Glasgow, &c. &c., showing that a great number of persons had been already successfully delivered without pain or suffering under the use of chloroform during the last six months.

Drs. Moir, Malcolm, Leith, Carmichael, &c., stated to the Society, some verbally,

and others in writing, the uniform and successful results which they had met with, employing it, as they did, constantly in their practice, and in all cases of labour.

Mr. Crisp of London stated, that though a stranger, he was induced to rise were it for no other purpose than to say that, after having attended the meetings of many a medical Society, he had never till to-night seen one that was unanimous in opinion on any topic. He had come to Edinburgh a fortnight ago, and now entertained a totally different opinion about chloroform from what he did when he arrived; for he had now seen it constantly and most successfully employed in the hospital and elsewhere. At the same time, although this had been the result of additional experience on his own mind, he was not disposed to blame, but, on the contrary, to commend the skepticism which had been shown by many most eminent men in London and elsewhere, on this subject, which he thought was no more than justified in relation to an agent of such a novel kind, and so important in its practical application. He believed that this skepticism had not its origin in any exclusive or bigoted feeling, but would be overcome as soon as the facts came to be as well known in London as they are in Edinburgh.

Dr. Bennett considered it probable, that one of the reasons chloroform was not much used out of Edinburgh, was the impurity of the article administered. It was not long ago that *Dr. Clay* of Manchester stated to the Society, that although he had frequently seen it given in that town, he had never witnessed its proper effects produced until he came to Edinburgh. *Mr. Crisp* from London had just made a similar statement. *Dr. G. Wilson* had lately informed him, that even the chloroform manufactured in Edinburgh was not so pure as it might be, and that he had lately purified some which produced the full effect more rapidly, and with a smaller quantity, than that in ordinary use. He (*Dr. B.*) conceived that the purity of the chloroform was not sufficiently attended to by those who had tried it, and that those who would not, had better, like *Dr. Clay* and *Mr. Crisp*, come and see it given in Edinburgh.

Dr. Simpson observed, that he believed the want of success in England was owing also to another cause. From what he had learned, he was quite convinced that our English brethren, in using chloroform, often stopped altogether at that point which really constituted the true commencement of the effects of the inhalation. Immediately before the chloroform produced anæsthesia, more especially if there was any noise or disturbance, it not unfrequently excited the patient, who would talk incoherently for a moment or two, beg the inhalation to be suspended, perhaps struggle to get free from it, and have his arms and legs thrown into a state of strong clonic spasms. In Edinburgh, we all sufficiently know that these symptoms indicate merely that the patient is about to come under the full influence of the vapour, and that, in a minute or so, these symptoms will pass, and he will immediately be completely anæsthetic and completely unconscious. But in England these premonitory symptoms seem to have been often regarded as very alarming, and all attempts at further inhalation stopt, exactly where and when the dose of the vapour should have been increased. And in the English journals such cases have been repeatedly and gravely recorded as instances of delirium, and spasms, and convulsions, and failure. They are not more anxious, or deserving of attention, than the same symptoms would be in a case of hysteria, and are quite transient if the inhalation is only persevered in. *Dr. Simpson* added, that now, amongst many hundred patients, he had never yet met with one instance in which any person was insusceptible of the full effects of the chloroform. He knew that the experience of many of his brethren around him went to the same effect. Nor, in any one case, had he seen any marked bad effect from the full use of the chloroform. Deaths will occur after operations, and sometimes even during them; but every death during an operation was not, as some of late in the south have argued, from chloroform. A gentleman near him, *Dr. Paterson*, some weeks ago opened with his lancet a large abscess in a child's neck. There was no hemorrhage; but in a minute or two, at most, after the incision was made, the child was dead. An English jury might possibly have anxiously tried to bring it in as a case of death, probably from chloroform. But it certainly was not so, for the very simple reason, that no chloroform whatever was used, the incision being considered too slight to require it. *Dr. Simpson* asked *Professor Miller* and *Dr.*

Duncan to state the extent to which they used chloroform in their public and private surgical practice.—*Proceedings of Medico-Chirurgical Soc. of Edinburgh, in Month. Journ., July, 1848.*

80. *Case of Retention of a Fetus in the Uterus for Eleven Years.* By Dr. VONDERFER.—This woman was forty-nine years of age, and had already borne two children. She was busily threshing corn, when she was seized with violent pains in the back, resembling those of labour. After they had continued for two hours the waters broke, and were discharged. For fourteen days she lay almost entirely upon her knees and elbows. At the end of this time the pains had almost ceased, but still in lying on her back she kept her knees well drawn up. Three weeks afterwards she was seized with a flooding, which was easily stopped. After this, there was a constant fetid discharge from the vagina, which continued more or less for eleven years, and occasionally some fetal bones were discharged with great pain. During most of this time the woman was able for her work, and in good health. At the end of eleven years she was again forced to betake herself to bed, and she died, after some time, with the symptoms of purulent infection. On dissection, the uterus was found adhering to the anterior wall of the abdomen, and it contained the remains of the putrefied fœtus, along with its numerous bones. *Month. Retrospect., Dec., 1848, from Schmidt's Jahrbucher, Nov. 9, 1848.*

81. *Case of Spontaneous Amputation of the Forearm, and Subsequent Rudimentary Regeneration of the Hand of the Fetus.* (Proceedings of Edinburgh Obstetric Soc.)—Dr. SIMPSON showed the society a girl, aged eleven, who had been born wanting the left upper extremity from a short way below the elbow-joint. The arm of this side was of the natural size and form; but the forearm consisted merely of a stump about two inches long. It had all the appearance of having been amputated about the union of its upper and middle third, the surface having subsequently healed over in a very perfect manner. No appearance of cicatrization was visible except over the ends of the two bones, where the skin was puckered and drawn in in an umbilical form. Midway between, and a little in front of these two points, was a raised cutaneous tubercle, divided on the surface into five minute nodules, on two of which small points of nail could be detected. This projection Dr. Simpson stated various reasons for believing to indicate an effort of nature to replace the lost portion of the limb,—he considered it to be in fact a rudimentary hand, and a curious illustration of the power of regeneration of even compound parts in the embryo and fœtus in utero.

Dr. Simpson showed a great number of casts and drawings of other similar cases. The general resemblance of the cases to each other was very remarkable. In all, the amputation seemed to have happened at precisely the same situation; in all, the cicatrices over the ends of the two bones were well marked; and in all, there was a more or less marked indication of an attempt of reproduction of the lost portion of the member.

Dr. Simpson also showed, as an illustration of the mechanism or production of spontaneous amputations, a child born in the Maternity Hospital recently, whose fingers and toes were in several parts semi-amputated by bands of coagulable lymph or false membrane—the result of inflammation of the cutaneous surface of the fœtus. The bands still existed at some points. There were the following deformities:—

In the *right* hand, the second, third, and fourth fingers were joined together laterally, in a somewhat conical mass. The index finger, the longest, ended in a transversely furrowed tuberculated mass. To the index was joined the fourth or ring finger at its apex, and, filling up the triangular interval between them, lay the third finger, having only the remains of one phalanx. The fifth or little finger ended abruptly at about the middle of its length, and had an osseous nodule representing the second phalanx. On its apex is a small crack, and a long dry filament is attached. All the fingers of the *left* hand presented circular constrictions of inconsiderable depth over their first phalanges. In addition, the fourth or ring finger seemed merely to possess a remnant of the second phalanx, and then abruptly terminated in a constricted tubercle. The *right* foot was normally formed.

The great toe of the *left* foot was almost entirely absent, being represented merely by some irregular tubercles of skin. The second toe was supplanted by a soft bag of integument. The third and fourth toes had each, in place of their terminal phalanges, two constricted tubercles, without vestige of a nail. The fifth or little toe was well formed.—*Monthly Journ.*, June 1848.

MALIGNANT CHOLERA.

82. *Course of Cholera—its rate of progress—its mortality—its preliminary stage.*—One of the most remarkable facts connected with the Asiatic Cholera is, that, in its present progress throughout Europe, it should follow so nearly the course which it took in 1830–1. The researches of Dr. Laségue have shown that this analogy not only exists in respect to the time at which the places are visited, but in respect to the duration of the disease at each place.* The cholera appeared at Tiflis on the 5th May, 1830; at Astrachan on the 21st June; and, ascending the Volga, it reached the Russian province of Kasan on the 17th of September in the same year. In 1847 the cholera made its appearance at Tiflis on the 1st June, at Astrachan on the 31st July; and reached Kasan on the 4th October. In 1830, as in 1847, it took five months to traverse the same district.

In 1830, taking the course of the Dnieper, it reached Stavropol on the 6th September; Novo Tscherkosk on the 10th; Taganrog on the 8th October, and Kiev on the 8th January, 1831. In 1847, the cholera broke out at Stavropol on the 16th July; at Novo Tscherkosk on the 30th; at Taganrog on the 15th August; and at Kiev on the 5th October. Although, as a general rule, those districts, towns, and cities which were visited in 1830, have been attacked by the disease on the present occasion, Dr. Laségue has pointed out one very remarkable exception. In 1830–1, the disease spread through the provinces on the western frontiers of Russia; but in 1847, from some singular and unexplained cause, these provinces have escaped; and to this may be perhaps ascribed our immunity from the disease up to the present time.

The ravages of the disease were suspended in the winter of 1830, as well as in that of 1847. In both instances Moscow formed the extreme western limit of the pestilence; and in the spring of 1831, as well as in that of 1848, the disease resumed its course. It appeared in St. Petersburg on the 25th June, 1831, and it broke out in this city, and spread through it with fearful rapidity, on the 16th June, 1848. It attacked Berlin on the 31st August, 1831, and on the 15th August, 1848. It is well known that the disease first appeared in England, at Sunderland, on the 26th October, 1831; and it will be a remarkable confirmation of the analogies hitherto observed in its progress on the continent, if the rumour that it has now appeared in one of our seaports on the northeastern coast should prove to be well founded. If we are to be guided by this analogy, the cholera may not appear in the metropolis until the ensuing winter. The first cases were announced in London on the 13th February, 1832, and they occurred in the immediate vicinity of the docks. The disease appeared in Paris in the spring of 1832, and that city, therefore, may escape the visitation until the spring of 1849.

It is worthy of remark that in 1830–1, as in 1847–8, the cholera has manifested itself chiefly in the great lines of intercourse along frequented roads, and the banks of navigable rivers, attacking chiefly towns and cities where the population was most dense, producing the largest amount of mortality in its first onset, then slowly diminishing in severity, and finally disappearing to reappear in a neighbouring locality. According to Dr. Laségue, the greatest rapidity with which the cholera has spread over any locality has not exceeded a rate of from 250 to 300 miles a month. This comparatively slow progress, together with its advance in the face of prevailing winds, is very unlike the usual mode of diffusion of a purely epidemic disease.

It was confidently announced a year since, that the cholera, as it then prevailed on the continent, had lost much of its severity, and was far less mortal than the

* *L'Union Medicale*, Sept. 1848.

disease of 1830-1. This statement, however, is contrary to fact. In comparing its fatality in the countries to which its ravages have been hitherto confined, the deaths are, even comparatively speaking, more numerous than on the former visitation. In the Russian empire alone, between the months of April and August 1848, no less than 505,328 persons were attacked with cholera, and of these 210,836 died—a mortality of more than *forty per cent*. The tables published by the Sanitary Board of St. Petersburg show, that in estimating the mortality produced by the disease in fourteen of the principal cities of the empire, it appears, that in 1847, of 21,295 attacked, 11,361 died; and in 1830-1, of 15,559 attacked, 9,018 died. The proportion of those attacked to the total population, was about the same. Thus, in the Russian empire, the proportion of deaths to the attacks was—

In 1830-1

In 1847

1 to 1·7

1 to 1·8

and the proportion of those attacked to the total population was—

In 1830-1

In 1847

1 to 19·6 inhabitants.

1 to 19·7 ditto.

Even in Berlin, where it was alleged that the cholera had appeared in a much milder form, in the present invasion, we find that from the 15th August to the 1st of September, the attacks were 377, and the deaths 235—or no less than 64 per cent! This great mortality may be ascribed to the severely epidemic form in which the disease has prevailed in that city.

Experience has added one fact of importance in a prophylactic view to our knowledge of this terrible pestilence. As a general rule, the Russian practitioners have observed, that the *suddenness of an attack* of cholera is apparent, and not real—it is in its severe form, the secondary and intractable stage of a disease which, at its commencement, is comparatively mild and tractable; and which, if taken in time may be without difficulty arrested by simple remedies. Their experience has led them to the conclusion, that *diarrhœa* is a precursory symptom of an attack of Asiatic cholera; and this diarrhœa may or may not be attended with pain in the abdomen. There is very frequently an entire absence of pain—a circumstance which leads to the neglect of means for remedying what appears to be a temporary disorder, but which may turn out to be the forerunner of the fatal malady. In the diarrhœa preceding cholera, when pain has been noticed, it has been simple uneasiness, with a sense of contraction in the bowels. The number of evacuations may be from one to six or more daily; they retain in this stage their fecal colour and odour, and are in this respect very different from those alvine discharges, which occur in the more advanced stage of the disorder; for these have no fecal odour or colour, and resemble rice-water. This simple diarrhœa may, therefore, be considered to be the commencement of an attack of Asiatic cholera, this name being applied only to the last stage of the disease.

The *diarrhœal* stage may last only a few hours—two or three days, or even longer. If properly treated, the second stage may be entirely averted—if neglected, this will commence suddenly and violently with those severe symptoms which are commonly the precursors of death. The suddenness of an attack of cholera is, therefore, only apparent—when inquiry has been made, the milder stage, although in some instances of very short duration, had really existed, but was overlooked. These views of the Russian physicians are strongly confirmed by the observations made by Dr. Monneret, the French Medical Commissioner at Constantinople and Trebizond. We cannot now enter into the question, whether cholera does or does not in some instances destroy life without a diarrhœal stage. This is quite foreign to our object, which is that of endeavouring to find out some warning symptom of the disease, so that the person attacked may be placed on his guard, and induced to seek medical advice without loss of time. Let us admit, for the sake of argument, that from 100 cases diarrhœa may not appear in 14: our remarks are directed to the 86 who suffer from this very common premonitory symptom.

It follows, from the preceding observations, *when cholera is prevalent in a locality*, the slightest disturbance of the bowels requires attention. Considering the possible risk incurred by neglect, the fact that there is only one evacuation more than common, or that the evacuation is more liquid than natural, should receive imme-

diate notice. If the diarrhœa really depend on other causes, and not on cholera, no mischief will follow from its arrest by medicine;—if, however, it depend on the cholera-poison beginning already to operate on the body—then, by resorting to treatment, a life may be saved. It must be remembered that we have no means of determining *à priori* on what the diarrhœa depends; and, contrary to popular belief, it appears that the diarrhœa of cholera is really of a more mild description than that which arises from any local cause of irritation in the bowels.—*Lond. Med. Gaz.*, Oct. 6, 1848.

83. *New Remedies for Epidemic Cholera.*—The experience derived from the second invasion of Europe by cholera, seems to have led to no important discoveries in the mode of treating that disease. Three new remedies only have been offered with any claims to confidence. The first, the Persian Petroleum, which was ushered into notice under the sanction of Mr. Guthrie, was said to have been used in Russia with great success. Its fame was, however, but short-lived—subsequent trials have not justified any confidence in it. Mr. Robinson tried it in Edinburgh, as will be seen by a subsequent article, but its sole power seemed to be to allay the vomitings, and for this it was not superior to other known articles.

Chloroform, as might have been anticipated, has been employed, and the apparent success with which it was used at the Peckham House Asylum, excited great hopes that it would prove of the greatest utility. These hopes have not, we are sorry to say, been realized. It seems to have the power, solely, of allaying the pain and cramps, but to exert no curative influence over the disease. Full accounts of the use of the article in the Peckham House Asylum, and also in the Cholera Hospital at Edinburgh, will be found in subsequent articles.

The last remedy we are to notice is the terchloride of carbon. This article is said to produce reaction, in the dose of five grains, but the evidence of its power is too vague to enable us to judge what confidence can be reposed in it.

In the following articles will be found all the information of interest which has appeared in the late journals respecting the treatment of this epidemic.

84. *Persian Petroleum in Cholera.*—Dr. ROBERTSON says that this article, of which he employed an undoubtedly genuine specimen, when given in doses of ten or twelve minims, immediately after the contents of the stomach have been ejected, either with a teaspoonful of tincture of cardamoms, or suspended in mucilage, he had frequently found of service in preventing the recurrence of vomiting, and believes that when this symptom is troublesome, the remedy is at least as certain as opium, acetate of lead, or calomel. In the majority of cases it has (like every other drug) failed, and certainly it has no specific action as a cure for cholera.—*Month. Journ.*, Dec. 1848.

85. *Treatment of Cholera by Chloroform in Peckham House Asylum.*—Dr. JAMES HILL states that the chloroform, the use of which was first suggested by Mr. Francis Ferguson, the assistant-surgeon of the Peckham House Asylum, has been employed in ten cases of malignant cholera with perfect success, and has likewise received the sanction of Dr. Clutterbuck, the visiting physician, and Mr. Fidler, the visiting surgeon of the establishment.

The disease first broke out there in a malignant form on the 19th inst. (one mild case having appeared two days before), when four cases occurred, two of which proved fatal, the one in seven and the other in eleven hours. On the following morning a new case occurred, in a very aggravated form, characterized by incessant vomiting and cramps, violent purging, universal coldness and blueness of skin, and general collapse.

Seeing that the most approved methods of treatment were of no avail, either in this case or in those attacked the previous day (another of whom was fast sinking), and that this patient must likewise assuredly sink ere long, unless relief were obtained, Mr. Ferguson suggested the employment of chloroform by inhalation, under the influence of which she was then placed, (in one hour after being attacked), with the abatement of every bad symptom; the nervous system being

immediately tranquilized, the vomiting and cramps ceasing, the purging being checked, and the heat of the body returning.

"This success, says Mr. H., encouraged us to persevere; and we have now employed it in ten cases of malignant cholera with complete success, six having perfectly recovered, and four being convalescent.

"In two of the fatal cases it was also used, but in them the patients were both sinking before the remedy was thought of.

"In the asylum we have had in all seventeen cases of malignant cholera; of whom five have died, eight have recovered, and four remain under treatment, but are now convalescent.

"The following is our usual mode of treatment:—Place the patient in bed in warm blankets; give a glass of brandy in hot water, with sugar, and spice; apply friction to the body by means of warm flannels; and an embrocation composed of liniment. saponis comp., liniment. camphoræ, comp. tinct. opii, and extract. belladonnæ; apply to the whole surface of the body bags filled with heated bran; place the patient under the influence of chloroform by inhalation, and keep him gently under its effect as long as the bad symptoms recur, (which they frequently do on its effect ceasing and his regaining consciousness). Give in the intervals small quantities of brandy and water, and thin arrow-root or milk for nourishment, along with milk and water, or soda water with a little brandy for drink. Avoid everything else in the shape of medicine, and trust to the efforts of nature in rallying from the poison of the disease.

"Of course great caution is necessary in administering the chloroform, and in not pushing it too far. In some instances the patient will sleep for twenty minutes or half an hour—in others, for several hours; and on awaking will again be seized with a return of the vomiting and cramps, when the chloroform must again be resorted to, and the patient kept in a great measure under its influence till these symptoms abate. One of our cases required its use at intervals for twenty-four hours. Again, the reaction after its use may be so great as to require gentle blood-letting; which occurred in two of our cases, both being persons of full habit of body and sanguine temperament, the one a nurse, and the other a male farm servant.

"Should the simple apparatus commonly used in the hospitals for administering it not be at hand, a small teaspoonful may be poured upon a towel, and will answer very well. That which we use is of great purity, and procured chiefly from Messrs. Gifford and Linden, chemists, 104, Strand."—*Dublin Med. Press*, Nov. 8, 1848.

86. *Treatment of Cholera by Chloroform at the Peckham House Asylum.*—By Messrs. HILL and FERGUSON.

Total number of malignant cases	-	-	-	-	-	-	42	} 48
Relapses	-	-	-	-	-	-	6	
Recoveries, 33; Deaths, 15.								
Treated by chloroform, as the sheet-anchor—								
Cases	-	-	-	-	-	-	37	} 43
Relapses	-	-	-	-	-	-	6	
Recoveries, 31; Deaths, 12.								

Two of these, however, were dying before the chloroform was thought of as a remedy.

All of the cases were undoubtedly of confirmed malignant cholera, and, with scarcely an exception, presented the whole of the following symptoms—viz., vomiting, purging, cramps, and collapse; while in many the characteristic blueness of countenance and extremities was well marked.

The great object in the treatment is to get the patient under the influence of the chloroform before the collapse is extreme, and the system has been drained by excessive discharges, in which cases the amendment has appeared to be merely temporary. Many of our cases have been struck down lifeless, as it were, from the very first, and in such, I fear, no remedy will ever be found of much avail.

In addition to the above malignant cases, we have had nearly sixty instances in which the following premonitory symptoms occurred—namely, nausea, diar-

rhœa, pains in the bowels, shivering, and coldness of the extremities, but which for the most part readily yielded to ordinary treatment, although it is not improbable that many of them would have relapsed into a more severe form unless checked at the onset. These, of course, are not taken into account in our statistics of the disease.—*Lancet*, Nov. 18.

87. *Chloroform Inhalations in Cholera.* By WILLIAM ROBERTSON, M.D.—*Chloroform* inhalations, it was not unnatural to suppose, would be found of considerable efficiency in at least removing the painful sensations of the patient during an attack of cholera. Most marvelous accounts of their efficacy in removing the most formidable symptoms of cholera have been published, and most unaccountable it seems to me, that in a large number of experiments undertaken while strongly prepossessed in favour of the remedy, conducted with considerable patience, and all the precautions conceived necessary to insure success,—conducted, moreover, in a public hospital, and before the eyes of many observers of acknowledged accuracy,—I should have totally failed in achieving similar delightful results. Truth compels me to state, that although chloroform has done much for the *comfort* of my cholera patients, it has done nothing for their *cure*. The cramps and urgent vomiting cease under its use, but recur whenever the patient awakes; and, although the soporific influence be maintained for hours by repeated inhalations, the result is still the same. The acts of vomiting and purging cease for a time, but the fluids are nevertheless still collecting in the stomach and bowels; the pulse becomes smaller and smaller, till it finally ceases to be felt at the wrist; the respiration becomes slower, the temperature of the surface sinks, as in too many cases of fatal collapse, and death closes the scene. I confess it seems to me probable, that chloroform inhalations, when administered during a profound state of collapse, may precipitate the fatal event by diminishing the frequency of the respiratory movements. While I deny the drug all claim to the title of a specific in confirmed cholera, I do not deny its efficacy in removing the earlier and more painful symptoms of the disease, nor decry the propriety of using it at any period when the cramps are severe.—*Month. Journ.*, Dec. 1848.

88. *Means of Applying Heat to Cholera Patients.*—Dr. WILLIAM ROBERTSON states that at the Cholera Hospital in Surgeon Square, Edinburgh, he has found the following means more efficacious for restoring warmth to cholera patients than the methods usually adopted for that purpose. “A sheet wrung out of warm water is applied, as hot as the patient can bear it, over his whole body, including and closely embracing the limbs, and leaving no part of the person but the head uncovered. Over the sheet several blankets are tightly wrapped, or ‘packed,’ after the fashion of the hydropaths, but without the slightest respect for their pathology, or wish to imitate what they can with justice claim as their exclusive practice. Between the folds of the blankets, vessels full of warm water are disposed at intervals. The patient is then placed in a position which enables him to vomit over the side of the bed, and is supplied with toast and water, hot or cold, *ad libitum*. The remedy is an ancient one, often revived in modern times, and is to be regarded merely as a simple and powerful hot-bath. Whether it acts by restoring the healthy functions of the skin, by preventing evaporation, or by conveying fluids into a system from which they have been previously drained away, may possibly admit of question. It certainly seems to me, when applied in the case of children suffering from the collapse of cholera, to be a most valuable and rapid mode of restoring the natural temperature. I have seen reaction established in a bad case within two hours after the application of the sheet. It is, however, generally necessary to continue the use of the remedy for six or eight hours. This practice seems less applicable to adults; the extreme restlessness, jactitation, efforts to vomit and to procure drink, usually observed in such patients, render it quite impossible to continue the application of the sheet for more than a few minutes at a time, without more constant nursing than the utmost vigilance on the part of the medical attendants can, in an hospital, ensure. Strong patients commonly succeed, ere long, in disengaging their arms, and throwing the bed-clothes off the upper part of the trunk, thereby exposing an extensive moist surface to evaporation, and totally defeating the object which we seek by the use of the sheet to attain.”—*Month. Journ.*, Dec. 1848.

89. *Injection of Saline Fluids into the Veins.* By WILLIAM ROBERTSON, M. D.—The injection of a saline fluid into the veins has, by some practitioners, been so strongly recommended, and, on theoretical grounds, seems so rational a practice, that I have not scrupled to resort to it in eight desperate cases. It has never seemed to me a sufficient objection to this practice, that a very large proportion of patients subjected to it die; and had I succeeded in saving a single individual of the eight, by injecting the veins, I should have thought myself fully justified in repeating the experiment. For of these eight cases, not one, according to all human probability, had the slightest chance of a prolonged existence, unless it were by the application of some remedy equally prompt and energetic in its action. Before the hospital in Surgeon Square was opened, the saline injection of the veins was thrice attempted in the Royal Infirmary; in one instance, I believe, with temporary benefit; but all three patients died within a few hours after the performance of the operation. One of these patients, an old woman in the last stage of collapse, fell under my charge, and had five pounds of the ordinary saline solution, recommended by the late Dr. Mackintosh, injected cautiously, at a temperature of 98° , into the median basilic vein. The process lasted about forty minutes; the patient did not rally in the slightest degree, and died in my hands. It was not unreasonable to infer, that the sudden death in this case was the immediate consequence of the operation; yet dissection satisfactorily showed that *no air* had entered the heart or veins. In the eight cases treated in Surgeon Square, the solution used consisted of Muriat. sodæ, $\mathfrak{zss.}$, Bicarb. sodæ, $\mathfrak{Div.}$, and Phosph. sodæ, $\mathfrak{zss.}$ dissolved in ten pounds of water, and then filtered. Care was taken to keep the solution at a temperature of 110° to 115° , and all reasonable precautions were adopted in the performance of the operation. The instrument used was an ordinary Read's syringe, and it was carefully cleaned before and after each injection. If this precaution is not observed, a quantity of *copper* must be injected along with the first portions of the fluid. A little difficulty was sometimes experienced in avoiding a certain degree of injection of the cellular tissue of the arm. The best mode of preventing this accident is to puncture the vein as in ordinary venesection, without any preliminary dissection, to push the silver tube into the vein gently, until the cross plate rests accurately upon the skin, and, above all, not to hurry the process of injection. In only two of my eight cases was even temporary amendment observed,—all died within fourteen hours. The quantity of fluid injected varied from two to five pounds. These results have been sufficiently discouraging, and have led me seriously to consider if a repetition of the practice is advisable. Cases of the most unpromising aspect do occasionally rally, and get well, after a collapse so profound as to leave no reasonable hope of recovery. I may instance a young woman named Hutcheson, whose case seemed quite desperate, and to admit of no rational remedy but injection of the veins. *No suitable vein could be found*, yet the patient is now quite convalescent. Are unexpected recoveries like this more frequent than cures effected by the saline injection of the veins in equally desperate circumstances? Till this question be resolved, I think we may still occasionally attempt a cure by the operation.—*Month. Journ.*, Dec. 1848.

90. *Directions Relative to the Prevention and Treatment of Cholera, by the Royal College of Physicians of London.*—The Royal College of Physicians of London, feeling that, on the re-appearance of epidemic cholera in England, the public may naturally look to them for advice and guidance, have deemed it proper to appoint a cholera committee, composed of physicians who hold important offices in the metropolitan hospitals, or who had extensive experience of the disease at its last visitation, to consider what measures it is expedient to adopt, with a view of preventing the spread of the disease, and of otherwise mitigating its evils.

The committee thus formed have, in compliance with the wish of the College, drawn up the following remarks and instructions, for the information of the public:—

1st. Cholera appears to have been very rarely communicated by personal intercourse; and all attempts to stay its progress by cordons or quarantine have failed. From these circumstances, the Committee, without expressing any positive opinion with respect to its contagious or non-contagious nature, agree in drawing this practical conclusion; that in a district where cholera prevails, no appreciable in-

crease of danger is incurred by ministering to persons affected with it; and no safety afforded to the community by the isolation of the sick.

2d. The disease has almost invariably been most destructive in the dampest and filthiest parts of the towns it has visited. The Committee would therefore urge on the public authorities the propriety of taking immediate steps to improve the state of sewers and drains;—to cover those which are open:—and to remove all collections of decaying vegetable and animal matter from the vicinity of dwellings. They would also impress on individuals, especially of the poorer classes, the great importance of well-airing their rooms, and of cleanliness in both their dwellings and persons.

3d. A state of debility or exhaustion, however produced, increases the liability to cholera. The Committee, therefore recommend all persons, during its prevalence, to live in the manner they have hitherto found most conducive to their health; avoiding intemperance of all kinds, and especially the intemperate use of ardent spirits and other intoxicating liquors. A sufficiency of nourishing food; warm clothing; and speedy change of damp garments; regular and sufficient sleep; and avoidance of excessive fatigue, of long fasting, and of exposure to wet and cold, more particularly at night, are important means of promoting or maintaining good health, and thereby afford protection against the cholera.

The Committee do not recommend that the public should abstain from the moderate use of well-cooked green vegetables, and of ripe or preserved fruits. A certain proportion of these articles of diet is, with most persons, necessary for the maintenance of health; and there is reason to fear, that if they be generally abstained from, now that the potato-crop has in a great measure failed, many persons, especially amongst the poor in large towns, will fall into that ill condition, which in its highest degree is known as scurvy, and that they will in consequence be the readier victims of cholera. The Committee likewise think it not advisable to prohibit the use of pork or bacon; or of salted, dried, or smoked meat or fish; which have not been proved to exert any direct influence in causing this disease. Nothing promotes the spread of epidemic diseases so much as want of nourishment; and the poor will necessarily suffer this want, if they are led to abstain from those articles of food on which, from their comparative cheapness, they mainly depend for subsistence.

On the whole, the Committee advise persons living in districts in which cholera prevails, to adhere to that plan of diet which they have generally found to agree with them; avoiding merely such articles of food as experience may have taught them to be likely to disorder the stomach and bowels.

4th. The Committee are unable to recommend a uniform plan of treatment to be adopted by the public in all cases of looseness of the bowels, supposed to be premonitory of cholera. It is, doubtless, very important that such ailments should be promptly attended to; but since they may arise from various causes, of which a medical man can alone judge, the Committee deem it safer that persons affected with them should apply at once for medical assistance, than that they should indiscriminately use, of their own accord, or on the suggestion of unprofessional persons, powerful medicines, in large and frequently repeated doses. Should the looseness of the bowels be attended with feelings of great exhaustion and chilliness, the person should, of course, be placed in a warm bed, and the usual means of restoring warmth to the body be assiduously employed, until professional advice can be obtained.

5th. In order that the poor may have the means of obtaining such assistance promptly, the Committee recommend that the proper authorities should at once establish dispensaries in those parts of the town which are remote from the existing medical institutions; and that they should also take steps to provide distinct cholera hospitals, which it will require some time to organize, and which they believe will be found to be absolutely necessary, should the epidemic prevail in this metropolis with a severity at all approaching that which it manifested on its first appearance in England. The Committee wish it to be clearly understood, that they do not recommend the establishment of such cholera hospitals, on the ground of effecting the separation of the sick from the healthy, and of thus preventing the spread of the disease; but solely in order that, should the epidemic prove severe, proper attendance and prompt treatment may be ensured for the

sufferers from cholera among the poorest and most destitute class. The existing hospitals, even if the authorities should consent to the admission of persons ill of cholera, could not furnish the requisite accommodation, unless they were shut against persons labouring under other severe diseases—a measure which, at the approach of winter especially, would add much to the distress of the poor.

6th. In conclusion, the Committee would urge on the rich, who have comparatively little to fear for themselves, the great duty of generously and actively ministering to the relief of the poor, while the epidemic prevails; bearing in mind that fuel, and warm clothing, and sufficient nourishment, are powerful safeguards against the disease.

They deem it most desirable that the parish authorities should at once improve the diet, and increase the comforts, of the poor under their charge; and that the wealthy should form societies for the supply of food, clothing, and fuel, to those who, though not paupers, still need charitable assistance in the present emergency.

Such measures, which it is the duty of those possessed of power and wealth to adopt, would, the Committee believe, if liberally carried out, deprive the cholera of half its victims.

JOHN AYRTON PARIS, President.
FRANCIS HAWKINS, Registrar.

College of Physicians, Oct. 28, 1848.

Prov. Med. and Surg. Journal, Nov. 15.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

91. *Researches on the Principal Metallic Poisons, and Mode of Ascertaining their Presence.* By M. ABRUE. (Read to the French Academy, &c.)—It often happens that persons called upon to make toxicological examinations of substances entrusted to their care, regret the absence of a positive and unique method to serve as a guide when they are entirely without any indication as to the direction which should be given to their research.

Indeed, the treatises on toxicology which, in other respects, afford so much valuable information on the research after poisons, often leave the reader in a state of the most serious embarrassment, in proposing to him for each poison various processes, differing very much in value, and of a very dissimilar kind.

Hence arises a grave inconvenience. The investigator who wishes to ascertain with accuracy the presence of a poison in the suspected matter under investigation, finds it necessary to make so many experiments before he can in any way arrive at the probable nature of the poison for which he is searching.

This void we here endeavoured to fill as far as concerns the principal metallic poisons, and to bring the medico-chemical operations to the point of a single problem of analytical chemistry:—*One or more metals being given in the contents of an organic matter to determine their nature.*

To arrive at a solution of this important problem, we have passed successively in review the different well-known methods which up to the present time have been proposed for the special research of each metal.

Struck with the distinctness of the results obtained in the research after antimony, by the process of M. Millon, which consists, as is well known, in destroying the organic matter by the combined action of hydrochloric acid and chlorate of potash, we have conceived the idea of drawing up the basis of a general method, and have arrived at a modification of this process in such a manner, as not only to extend it to the research after all the principal poisons, but still more completely to disembarass us of the organic matter.

This method comprehends the compounds of the following metals:—

Arsenic	Mercury	Tin
	Copper	Zinc
Antimony	Lead	Silver.

The operation will be as follows:—

Analysis of the solid matters found in the stomach, the matters vomited, and of the

stools, the tissues of the gastro-intestinal canal, the liver, and other organs, or any other suspected solid matter, the blood, the urine, and other organic liquids, previously concentrated at a gentle heat.

The investigator should first attentively examine by the naked eye, or better still, by a glass, the substances passed in the vomits and the stools, the matters found in the digestive canal, and the mucous surface of the same canal. He may thus in some cases furnish himself with valuable indications, which will put him in the way of research, and it is possible, as is sometimes the case, that he may find in the digestive canal, and particularly in the folds of the mucous membrane, solid particles of the poisonous substance.

In this last case, he must carefully remove, by means of a small pencil, the particles of poison, and hasten to examine them by the ordinary methods; but supposing that no important indication results from this physical examination, he must proceed as follows in the research of the poisons comprised in the above table.

With very clean scissors dividing the suspected matter into very small portions, take a given weight, which should never be less than two hundred grammes (about seven ozs.), and introduce it into a glass flask, with one half its weight of pure and smoking hydrochloric acid. At the neck of the flask is to be adapted a cork, perforated with two holes, of which the one is destined to receive a tube of fifty-five to sixty centimetres (twenty inches) in length, and one centimetre (three-eighths of an inch) in interior diameter, dipping an inch in hydrochloric acid. From the other opening arises a tube bent back at a right angle, of which the second vertical branch plunges through a cork into distilled water contained in a receiver. The cork of this is furnished with a second hole destined to receive a straight tube which will not plunge into water.

Things being thus arranged, the flask is placed on a sand-bath, and the receiver in cold water changed from time to time; the sand-bath is maintained at a temperature near the boiling point of the liquid, without reaching that point, during at least four hours, agitating the contents of the flask from time to time.

The fragments of organic matter gradually dissolve in the hydrochloric acid, and at length form with it a dense, homogeneous, and more or less dark liquid. Remove the sand-bath, and place the flask on the naked fire, and boil the liquid during two or three minutes. This done, commence to introduce by little and little crystals of chlorate of potash by the larger tube (taking care to agitate the flask continually), until about sixteen to eighteen grammes have been added for each one hundred grammes of the suspected matter under examination.

A vivid reaction and abundant disengagement of chlorine gas takes place; the liquid gradually clears, and at last becomes completely limpid and of a yellow colour, the intensity of which, varying much in its shades of colour, appears to depend especially on the great excess of chlorine which remains in solution, and not only the liquid in the flask, but the water in the receiver exhibit in a high degree the characteristic odour of chlorine. Small fragments of carbonaceous matter and of a resinoid substance float on the surface of the liquid in the flask, which are less abundant in researches on the blood, and is very abundant when the operations are conducted on the liver and other parenchymatous organs.

Allow the apparatus to cool, filter the liquor in the flask and mix with the water in the receiver, and that which has served for several washings, the residuum which remains in the filter. Pass a current of well washed sulphuretted hydrogen through the liquid for some time, and allow it to remain until the next day in a closed bottle. In every case there will be formed a precipitate more or less abundant in which should be sought for all the metals comprised in our table, except silver and zinc. The precipitate may nevertheless contain only sulphur and a small quantity of organic matter, which may be got rid of in the following manner:—Throw the precipitate on a filter without folds, wash with distilled water, and put it into a small flask with its weight of pure and fuming hydrochloric acid; boil, and add a few crystals of chlorate of potash. When the reaction is over add a small quantity of distilled water, and apply heat with much precaution to drive off all the free chlorine. Filter again, and thus a limpid, scarcely yellow-coloured liquid will be obtained. It is in this liquid that arsenic, antimony, mercury, copper, lead, and tin is to be found, if the suspected matter contain

either of these substances. As to the zinc, as it is not precipitable by sulphuretted hydrogen from an acid liquor, this metal must be sought for in the liquid obtained by filtration after the action of sulphuretted hydrogen. As silver can only be found in an insoluble state, it must be sought for in the residue of the first filtration.

After having thus described our process, we pass to the examination of the most sensible methods for ascertaining the presence of the different metals contained in the above table, endeavouring to avoid all the causes of error which are likely to arise. In the liquid obtained in the last place, we search simultaneously for arsenic and antimony by means of Marsh's apparatus, as modified by the Academy of Sciences: we then pass to the research after mercury, copper, lead, and tin, in the liquid contained in the apparatus, after having dissolved in *aqua regia* all that is deposited at the bottom of the bottle. As for zinc and silver, the first must be sought for in the liquid obtained by filtration after treatment with sulphuretted hydrogen; and the second in the residue of the first filtration. We have often operated on two milligrammes (1-38th of a grain) mixed with considerable quantities of animal matters.—*Dublin Med. Press*, Oct. 18, from *Pharmaceutical Journal*.

92. *Case of Poisoning by Arsenic, in which the symptoms were unusually delayed.*—WALTER CLEGG, Esq., reports (*Lancet*, Nov. 4, 1848) the following remarkable case of this character.

"On Sunday, August 27th, at five o'clock in the afternoon, a woman requested me to visit her niece, who had, about noon, taken a teaspoonful of white arsenic. I attended, and found a heavy, stupid looking girl sitting in her chair, more asleep than awake. On rousing her, she reeled about the room as if intoxicated; indeed, I suspected poisoning by some narcotic. But she acknowledged having swallowed 'white mercury,' and a paper packet was brought to me, from which she had taken the poison, containing about ten grains of a white powder. By means of my pocket-lens, I immediately recognized this powder to be arsenious acid. She vomited once after dinner, but there were no further symptoms until half an hour before she died—that is, at noon the following day.

"She had no sickness, no pain, no acrid eructations, no burning taste in the mouth; her face was very pale, and she was faint and giddy. The sulphate of zinc, with mucilaginous drinks, soon produced profuse vomiting, and this was kept up for half an hour. Then another medical man arrived with a jar of the hydrated peroxide of iron; and having some pressing professional engagements, I left her with my friend, who administered large doses of the antidote.

"At nine o'clock at night we visited her together. She had experienced no pain; no unpleasant symptom whatever; she was disposed to sleep quietly. At ten o'clock the next morning the patient's aunt came to say that her niece was quite well, 'might she go a gleanings?' Up to half past eleven o'clock she continued more than ordinarily cheerful, and was busied in preparing the family dinner. At half past eleven o'clock she suddenly complained of an excruciating pain in the body, with excessive prostration of strength. She went to her bedroom to lie down, and at twelve o'clock was found dead, kneeling by the bedside. Thus she died in about eighteen hours after taking the poison, and within half an hour after the first decided symptom of poisoning was manifested.

"*Autopsy, forty-eight hours afterwards.*—The stomach contained half a pint of a thin, dirty green fluid; the mucous coat was much corrugated, having a fungoid appearance, very soft, and so fragile that a touch of the finger tore it away. Three or four large reddish-brown patches were observed, and these extended into the intestine considerably beyond the duodenum. The peritoneal coats of the stomach and bowels were not inflamed; the lungs and the heart were healthy; the head was not inspected.

"It only remains for me to add that the matter vomited, and the fluids in the stomach and intestines, contained abundant evidence of the presence of arsenic. Minute fragments of a white powder were seen adhering to the mucous coat of the stomach, and these, by the ordinary tests, were proved most satisfactorily to be arsenious acid.

"*Explanation (?)*—The lower classes in Lincolnshire are very much addicted to the use of opium and laudanum. I have known women with three shillings a

week from the parish spend half-a-crown in the purchase of opium. I have reason to believe that this girl was an opium-eater. Did one poison mask the evidences of the other? Did the opium suppress the horrible agonies of arsenical poisoning, thus modifying the symptoms, whilst it had no power to interrupt the effects of the deadly drug?"

93. *Poisoning with Chloride of Zinc—Suggestion of an Antidote.*—Dr. THOMAS STRATTON, Surgeon R.N., relates in the *Edinburgh Med. and Surg. Journ.* (Oct. 1848) two cases of poisoning with chloride of zinc. In both cases a wineglassful of a solution was swallowed, containing in one case about twelve grains of the salt, and in the other about two hundred grains. In the latter case burning pain in the gullet, burning and griping pain in the stomach, great nausea, and sense of coldness, were instantly felt. Vomiting followed in a few minutes. Dr. S. saw this patient twenty minutes after the accident, and instantly made a strong solution of home-made brownish soap, of which he made the patient swallow, at intervals, three or four pints. Afterwards olive oil was given, and the patient recovered. The other case was not seen by any medical man, but it also terminated favourably. Dr. S. suggests either soap or carbonate of soda or of potash, as an antidote to chloride of zinc, and relates some experiments which he has tried, and which seem to justify confidence in this suggestion.

94. *Antidote to Strychnia.*—Dr. ISAAC PIDDUCK states (*Lancet*, Nov. 1848) that camphor is an effectual antidote to strychnia. The fourth of a grain of strychnia (instead of the sixteenth, which had been prescribed for neuralgic pains) was taken by a weakly man. His muscles were convulsed with tetanic spasms. Five grains of camphor were dissolved in almond emulsion, and almost immediately after taking this dose the spasms ceased.

95. *Child born betwixt the end of the sixth and middle of the seventh month and brought up.*—ROBERT ANNAN has communicated to the *Medical Times* (June 17, 1848) a remarkable case of this character. The subject of it was a woman 38 years of age, the mother of six children, the youngest being under two years, who found herself pregnant, dating from the beginning or middle of the month of November, 1847. She was of middle stature, and had been subject to occasional attacks of dyspnoea, but otherwise was in good health. In the end of December a small, apparently glandular, tumour appeared near to the right side of the umbilicus, which gradually enlarged to nearly four inches in diameter, and suppurated. This was discharged by the knife on the 24th of February, without pain, the patient being put under the influence of chloroform, for which she expressed herself in grateful terms. A second and a third tumour, with nearly similar results, though the third was not opened by the knife, had the effect of reducing Mrs. R. to a state of great emaciation.

On the 5th of April the pains of labour came on rather unexpectedly, and in less than two hours she gave birth to a female child, which, on his arrival, Dr. A. found very carefully wrapped up and placed so as to receive the gentle warmth of a fire. Unloosening the cloths to enable him properly to tie the cord, which had been hastily cut through and tied about six inches from the navel, he found a tiny infant, the proportions of which he did not think it proper then to take time to ascertain. As it was not expected to survive long it was placed on a cushion in an easy chair, so as to be sheltered from draughts of air, and at the same time so as to receive benefit from the fire, being previously wrapped up in folds of cotton wool and covered over with flannel. An earthenware bottle, filled with warm water, which had been pretty constantly continued, was placed behind the cushion. To attempt otherwise to dress the infant was never once thought of. This was about ten A. M. As the infant showed more signs of vitality, the lips and mouth were gently moistened with a mixture of one part of cream, three parts of warm water, and sweetened with sugar. At first it was not observed to swallow, but in the evening, when Mr. A. returned, there could be little doubt that this had been the case from the minute quantities of the mixture, given from time to time, not having been rejected. On the following day, to this mixture from three to four drops of sherry wine were added, and continued to be used as yesterday. On the third

day the deglutition was very perceptible. Of this advantage was taken, and under the eye of a most careful female relative from three to four drops of the wine were given during every six hours, in as much of the mixture as the infant was found able to swallow.

On the seventh day the child was weighed and found, including a small flannel roller, to be *twenty-four* ounces. The roller was under one ounce in weight. At this period the length of the child was not taken, but was supposed to be from twelve to thirteen inches. As the feelings of the mother were most acute, and as, indeed, she was considered to be in a dying state, and as it was not expected that the infant could suck, an occasional wet-nurse was not got till the ninth day; the other nourishment being supplemented nearly as above. At first the nurse merely milked a proportion into the mouth, but in less than eight days it was found that the child could draw a little, which gradually improved. Occasionally a small portion of magnesia usta or castor oil was given, so as to ensure regularity in the bowels. About the end of the third week very fine oatmeal gruel, sweetened with sugar, was alternated with the cream and water, the quantity of wine being gradually increased; and latterly the quantity given during twenty-four hours has been from one to one and a half teaspoonful.

On 16th of May the child was baptized by the Rev. James Thornton, of Milnathort, and was then observed to cry lustily for an infant of such tiny proportions. When six weeks and one day old, the weight was accurately ascertained to be *thirty-nine* ounces; the length, as nearly as a tape applied to the child would enable, showed *sixteen and a half* inches; and on the 30th of May the weight was *forty-three* ounces, having gained four ounces since last weighing. At the last period the circumference, by the forehead and occiput, was barely *eleven and a half* inches.

During the last four weeks the child has been regularly bathed in water, at first tepid, but latterly of the temperature of from 65° to 70° of Fahrenheit; and occasionally, according to the testimony of the very careful female relative, who has hitherto so creditably and successfully superintended the nursing, sometimes considerably lower; and the infant is described as uniformly enlivened and strengthened after the bath. The stomach, it is remarkable, has never once given way; and this must be solely attributed to the extreme care observed in regulating the proportions of nourishment, whether by the breast or by the spoon; and it has been remarked that the little creature seems uncommonly happy after her doses of wine and gruel. When lifted for necessary purposes, she does not fail to testify by her crying the sense she entertains of the annoyance.

Of the exact period of utero gestation when the infant was born it is not, perhaps, possible to speak with absolute certainty; but, taking the whole circumstances together, it does not seem unreasonable, Mr. A. thinks, to fix the period as somewhere betwixt the end of the sixth and middle of the seventh month; and certainly interesting, more especially in a practical point of view.

MISCELLANEOUS.

96. *Remarks on Endosmose.* By PH. JOLLY.—This paper enters into a very full consideration of the whole subject of endosmose, and commences with a criticism of the methods hitherto employed for its measurement, in which the author shows that the indications of Dutrochet's Endosmometer are imperfect, and liable to be affected by a variety of different errors. In order to avoid these, the author has contrived a new method of measuring the amount of endosmose. For this purpose he employs a small tube from about three-fourths of an inch to an inch in diameter, over the one end of which a piece of pig's bladder is tightly tied. The bladder is then introduced for some time into spirit of wine, by which treatment it is enabled to resist putrefaction for a longer time than it does when unprepared. The substance whose diffusion is to be measured, is then brought into the tube either in a dry state or in solution, in a known quantity of water, the whole is then weighed, and the covered end of the tube inserted about a line under the surface of water, in a vessel containing about four pints; the water in which is frequently

changed during the course of the experiment. The tube is then weighed at definite intervals, and the weight is found to increase, at first rapidly, and afterwards more and more slowly, until at length, in place of increasing, a slight diminution begins to make its appearance. The experiment is then at an end: the whole of the substance introduced into the tube has disappeared, and nothing but water remains. The small diminution noticed at the end still continues, and is proved by the author to depend upon evaporation from the surface, the amount of which is determined in each experiment by the loss of weight in a tube of exactly similar form containing water only. The experiments have shown that this complete diffusion of different substances takes place in very different time, the gain in weight being with some at an end in a few hours, while with others it goes on increasing during several days. It is further proved that the weight of water which, so to speak, replaces the different substances is constant, especially if the same piece of bladder has been employed, whether the substance has been employed in the dry state or in solution in different amounts of water. The quantity of water which replaces a unit of the diffused substance, the author calls the endosmotic equivalent, and the following table contains the results of his experiments. The number placed before each, refers to the piece of bladder employed in the experiment.

		Endosmotic Equivalent.		Endosmotic Equivalent.
1. Common Salt	- -	4.316	5. Sulphate of Magnesia	11.503
1. "	- -	4.58	6. "	11.802
2. "	- -	3.991	6. Sulphate of Copper	9.564
2. "	- -	3.820	9. Bisulphate of Potash	2.345
10. "	- -	4.352	3. Sulphuric Acid	0.391
11. "	- -	4.092	5. "	0.308
5. Sulphate of Soda	- -	12.44	7. Hydrate of Potass	200.09
7. "	- -	12.023	1. "	231.4
7. "	- -	11.033	6. Alcohol	4.140
6. "	- -	11.066	8. "	4.132
1. "	- -	11.581	4. "	4.336
1. Sulphate of Potass	- -	11.42	6. Sugar	7.250
2. "	- -	12.65	7. "	7.064
4. "	- -	12.76	5. Gum	11.79(?)

The author also gives a series of experiments from which he draws the conclusion, that the quantity of any substance passing through a membrane in a unit of time is proportional to the density of the fluid. Some observations are also made which tend to show that the endosmotic equivalent increases with the temperature, at least this is generally the case, though common salt appears to be an exception to the rule. The paper concludes with a discussion of the physical cause of endosmose, for which we refer our readers to the original.—*Monthly Retrospect*, Sept. 1848, from *Henle und Pfeuffer's Zeitschrift für Rationelle Medizin*, Vol. 7.

97. *State of Medical Education in Turkey*.—[We are indebted to a medical gentleman, at present residing in Constantinople, for the following details. They point to the existence of a state of matters of which very imperfect accounts have as yet reached this country; and such as, undoubtedly, is at once the proof and the earnest of a new era in the history of civilization having begun in the East.]

"Military hospitals, on a large scale, are either built or a-building in every quarter of the Turkish empire. There are about one thousand European surgeons attached to the different regiments, two hundred of whom are Jews. The chief professor of the Medical College, Dr. Spitzer, is a Jew. He is also one of the physicians in ordinary to the Sultan. By him I was introduced to H. E. the Hakim Bashy Ismael Effendi, the chief physician of the Ottoman empire, who kindly permitted me to visit the different lecture-rooms in the Medical College. It is certainly in a very flourishing condition, considering that it has been in existence only eleven years. The pupils are brought, by order of the Sultan, from all departments of the empire, and are lodged, fed, clothed, and educated, at the expense of the government. When qualified as physicians and surgeons, they

receive appointments in the army and navy, with salaries of £200 or £300, and upwards, according to rank, without distinction of Jew or Gentile. Until lately, however, there were no Jews in this college: not that the government excluded them, on the contrary, they were invited; but that people, who have been scattered amongst all nations, yet amalgamated with none, would not send their sons to this medical establishment, even although the most flattering prospects of education and worldly advancement were held out to them. But the government condescended to smooth all the difficulties which stood in the way of the improvement of this section of its subjects. Through its agents, it held interviews on the question of conscientious scruples with the chief Jewish Rabbis; and the result was, not only the guaranteeing liberty of conscience to the Jews who should enter the Medical School, but the assigning to them a distinct portion of the college, so that they might live separate from the Gentiles, the appointment of a superintendent of their own persuasion, to see that their religious duties and services should be strictly observed—also a shocket, or butcher, of their own; and, in short, every arrangement was made to prevent their being constrained to do anything contrary to their conscience. In the language of last year's report of the college authorities,—‘*Toutes les difficultés ont été aplanies, et le Gouvernement n'a reculé aucune sacrifice pour exercer aussi son influence civilisatrice sur cette partie des sujets de l'Empire.*’ The Sultan lately visited the college, and presided at the examination of the candidates for the medical degree. When the pupils are first introduced to the college, they are, for the most part, raw, ignorant, and uncivilized. They are at first taught Turkish, afterwards the Arabic and French languages; next geography, history, arithmetic, and other elementary branches of education, including natural history. They have already a very tolerable museum of natural objects, well preserved and well arranged. A small botanic garden is also attached to the college. After undergoing a thorough elementary education, the pupils enter their medical course, comprising lectures on anatomy, physiology, chemistry, materia medica, practice of physic, surgery, and midwifery. The only room I did not see was the dissecting-room; it was closed at the time for want of subjects, which it is difficult to procure in a country where so much prejudice against dissection exists, and even against touching a dead body. I was shown into the grand examination room, fitted up with a great throne of state for the Sultan, who presides at the yearly examination of the candidates for the medical degree. There are also a dispensary and hospital attached to the college. The hospital is divided into medical and surgical wards, and a special ward is set apart for diseases of the eye. Dr. Spitzer delivers clinical lectures in the hospital, which he kindly invited me to attend.”—*Constantinople*, March, 1848.—*Monthly Journ.*, Sept. 1848.

AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

Cod-Liver Oil in Phthisis. By J. YOUNG, M. D., of Chester. (Communicated in a letter to the Editor.)

The following case is thought to be not devoid of interest. It shows that, in the article used, we have an addition to our resources in the treatment of consumption, which promises more success than any, or all others, in some cases. Certain it is, that the case about to be detailed was an unpromising one, and the oleum jecoris aselli was the only, or the first article that produced the least check to the onward progress of the dire invader.

Mrs. K., of your city, a widow lady, of a consumptive family, aged about forty-four years, visited me last May for advice. She had had a cough for fifteen, or more, months, gradually increasing in violence, for which she had tried a great variety of remedies, with but little or no benefit. She had had various medical prescriptions, and had been prevailed on to try homœopathy. She had tried many of the quack remedies, such as syrup of wild cherry, Jayne's expectorant, the syrup of tar and naphtha, &c., but none of them had been of any service. Her appearance was pale and haggard; her walk exceedingly slow, and bowed forward. She had profuse expectoration; exhausting night sweats; was very "short breathed," and coughed, on using a little exercise, almost incessantly, with occasional hard "spells" that almost exhausted her; her appetite was variable, and her stomach dyspeptic; her pulse was 110; tongue covered with a white fur: respiration from thirty-five to forty in a minute. Auscultation revealed, under the scapular end of the left clavicle, strongly marked bronchophony, and also into the interscapular space the same, though less strongly; in the axilla, pectoriloquy, with a strong gurgling rattle, extending over a space of two or two and a half inches, square. Below this zone was another, two or more inches in depth, with no vesicular murmur, but instead, a slight mucous rattle, particularly when she coughed; below this the respiration was clear, as it was for some space under the sternal portion of the clavicle. The right lung was sound.

Under this state of affairs I thought it almost useless to prescribe anything. There was, however, one encouraging symptom. she *menstruated regularly*, and while this is the case, I always entertain some hope, no matter how unpromising other things may be. I first truncated a portion of the uvula, as it was much elongated. This had the effect of relieving, at once, the strangling spells of cough. She was requested to take Hasting's wood naphtha, commencing with twenty drops three times a day, in simple syrup, with five drops of McMunn's elixir in each. This was gradually increased, till she took forty-five drops three times a day. In five weeks she was not benefitted in the smallest degree, while her strength had deteriorated materially. She now, successively, tried every variety of cough mixtures, comprising the terebinthinate and balsamic preparations, but all

were of no benefit. Her menstrual period went by in June, without any show. By the last of July, her strength was so far gone, and her symptoms progressing so rapidly, that she gave up her house in the city, and came to Chester, for the benefit of country air, and to escape from the cares of housekeeping.

Her situation at that time was, extreme emaciation; the eyes sunk and dark under them; complexion sallow; pulse 120; stomach rejects almost everything; no appetite for anything; coughs almost half the time; night-sweats; orthopnea, so that she cannot lie below an angle of forty-five degrees; sleeps but little; has chills and fever sometimes every day; circumscribed spots in the cheeks, with burning of hands and feet; so weak she "can't walk fifty yards;" unable to get up stairs without assistance, or climbing by the banisters, and stopping every two or three steps; she has become round shouldered and stooping.

The stethoscopic signs are, in the axilla, extremely loud tracheal, or cavernous sounds, with a loud gurgling rattle when she coughs, or endeavours to inspire deeply; pectoriloquy quite distinct; anterior to this is mucous rattle, with bronchophony; posteriorly the same, but less loud. In the portion immediately under this, there was more of a crepitating mucous rale than when examined previously, and slight bronchophony, the remaining portions unaffected, or but slightly so. The expectoration at times is most profuse, particularly if by means of opiates the cough is quieted partially, for a few hours; is mostly yellowish, heavy, and sinks in water as would lead. Occasionally, however, for a day at a time, it consists mainly of greenish-yellow matter, streaked with blood, with considerable froth, or mucus, and so offensive to the taste and smell, as to occasion emesis.

I was completely at the end of my resources, when I received the July number of your journal. I there found two or three cases of consumption, by Dr. Bennett, treated with the cod-liver oil. I at once determined to try it, as something new, but with little hopes of finding any good come of it. It was procured, but such was the irritability of the stomach, that for more than a week its use was not commenced, during which neutral mixture and naphtha were again used, with the effect of quieting it. She commenced it the 20th of August; a dessertspoonful three times a day was taken in *froth of porter*. It rested easily and lightly; in a few days it was increased to a tablespoonful three times a day; and finding this to have no unpleasant effect on the stomach, in a few days more it was increased to four tablespoonfuls a day. This quantity was not exceeded. In about two weeks she found an evident improvement in her appetite; in two weeks more she found a diminution of her fevers and night-sweats, nor did she require so much paregoric to make her cough supportable. She had had a constant blister alternated between the shoulders, and on the scapular portion of the thorax, which she had neglected re-applying for some days, and on the 25th of September she had a severe attack of pleuritic pain, for which I was summoned in haste to see her. The blister was at once applied, and removed the pain, and there was no more return of it.

At this time, when she was on the use of the fourth pint of oil, the loud cavernous sound in the axilla was more tracheal than formerly; pectoriloquy was less distinct, and the gurgling rattle was much diminished; bronchophony still well marked in the same situations as formerly.

The oil was persevered with, a tablespoonful four times a day. At the end of October there was a great amelioration of all the symptoms; the night-sweats had, in a great measure, disappeared; the chills and fevers

were gone; the dyspeptic symptoms all gone, and she had a uniformly good appetite. She was ordered to live well, on good nourishing food, without regard to what it was, if no unpleasant effects were felt in the stomach. Her countenance had assumed a natural sprightly expression; her strength was increasing; her dyspnœa decreasing, and everything appeared favourable. She had rarely to take paregoric on account of the cough, but the blister was kept sore. In another month there was not a symptom of disease remaining, except some cough and expectoration. And now, 25th December, she walks about the streets, straight and erect, not so strong as formerly, but can walk a mile or more without great fatigue. She weighs some pounds heavier than she ever did even in her younger days. Her sallow countenance has all gone, and, although she is pale, she looks sprightly, talks, laughs with, and enjoys the intercourse of her friends as well as before she was sick. Her orthopnœa has disappeared for two months, and she sleeps easy on either side, though rather more so on the left than right, and what I regard as among the most favourable signs is, her *catamenia* returned in December.

She still coughs and expectorates, but not so much in a week as formerly in a day—and the expectoration continues to diminish. The sounds in the chest are little more than a rather loud mucous rattle, with little or no puffing, or bronchophony. In the axilla is a portion in which there is no vesicular murmur, and only the mucous rale, but not strongly marked.

The blister has not been applied for six weeks or more, and no inconvenience has resulted from letting it heal up. She is taking a tablespoonful of the oil twice a day. I am fearful yet of an attack of influenza, which is prevailing, to some extent, in her case. It would, in all probability, rekindle the disease. But certain it is she is nearly well. I doubt very much whether any other article could have produced the effects that have resulted from this. Certainly it is not known, if it exists. All known means had been tried, and most faithfully too, before she commenced the use of this, and from no one, nor from all successively tried, did the slightest benefit accrue.

I find much discrepancy of opinion concerning the kind of oil most medicinal. The kind used in the above case was the fine, clear, white oil. It cannot be procured for less than one dollar a pint. The coloured, coarse oil, at about half this price, or less, I have not recommended, because but few stomachs could bear it without nauseating, when continued for the length of time necessary. The effect of the other, instead of nauseating, is to improve the appetite, and the digestive, and assimilating functions, hence it ought to be preferred in all cases. It is to be apprehended that the high price of it will lead the dishonest to making an inferior imitation, that can be sold at a cheaper rate. In cases of this kind, as in many others, the cheap article is dearest in the end. I am trying it in three other *hopeless* cases of consumption, in which all other means have failed. They are all improved, but what will be the result time must develop. They have not taken enough yet to know what it will do. They all find an improvement in the appetite, and two of them express themselves as increasing in strength; their fevers and sweats are diminishing.

Chester, Dec. 25, 1848.

Case of extensive fracture of the Os Frontis, with escape of a portion of the Cerebral Substance.—Recovery. By J. WISTAR WALKER, M.D., of Chesterfield Coal Mines, Va.

Marshall, a labourer in the coal mines of Chesterfield county, Virginia, on the sixteenth of October, was precipitated, by the tumbling of coal, forward, and striking his forehead, an extensive fracture of the frontal bone was produced. Being, at the time of the accident, out of my neighbourhood, my assistance was not procured until seven hours after the injury was received. I found the entire integuments covering the frontal, and a part of the temporal, and parietal bones, turned back, and a fracture extending from the centre of the left squamous portion of the temporal bone horizontally across to the nasal protuberance of the frontal, there taking a line upwards and backwards, forming an acute angle with the last mentioned fracture. Just at this place a triangular piece of bone, embracing the frontal protuberance of the left side, was driven in upon the brain, and encroached upon the longitudinal sinus of the *dura mater*, lacerating many of the smaller vessels of the brain and its membranes, and separating from the cerebral mass a portion of its substance.

Having no trepanning instruments at hand, I attempted, and succeeded, with instruments entirely unfit for the purpose, in elevating and accurately adjusting the fractured and depressed pieces of skull, completing the operation by securing the scalp with the interrupted suture.

The patient's mind was composed. After giving the necessary directions I left the patient, and did not see him again in twelve hours, at which time I was surprised and gratified to find him doing well; his pulse was about 75; the uneasiness about the head did not amount to pain; his mind was perfectly clear.

I directed a saline cathartic, and almost total abstinence from nourishment, dark room, &c. At my next visit I found the patient quiet and free from pain; pulse natural. This condition continued for some four or five days, when, on paying him a visit, I found considerable arterial excitement; the uneasiness about the head (probably) a little increased. I abstracted from the arm about fourteen ounces of blood, and directed a dose of sulphate of magnesia. The dietetic regulations were now more strenuously enforced. Upon my next visit I was much delighted to find that the remedies used at my last, had acted happily; the pulse was reduced to the normal standard; the pain in the head relieved; a satisfactory operation upon the bowels, and at this, for the first time, I entertained hope for his recovery. The above were the only depletory means used throughout the entire management of the case. At this time (seven or eight weeks after the accident), the patient is doing well; the external wound is nearly healed, requiring, only, the *argent. nitras* occasionally to keep down the fungous granulations. The patient is walking about apparently as well as ever.

There has been nothing like hebetude of mind whilst awake, nor confused dreams and wanderings during sleep, which was generally uninterrupted as far as I could ascertain.

Dec. 4, 1848.

DOMESTIC SUMMARY.

Case of Compound Fracture of the Cranium with loss of Cerebral Substance. By ELIAS HORLBECK, M. D., of Charleston. (*Charleston Med. Journ.*, Nov., 1848.)—This case is interesting from the slight symptoms of cerebral lesion, considering the actual injury sustained. The subject of it was a negro boy seventeen years of age, who was wounded, July 22, by a brick-bat falling on his head from a height of about seventy-five feet. He was stunned by the blow, and when seen by Dr. H., fifteen minutes after the accident, he was lying as if quietly asleep, breathing naturally and without stertor. The surface of his body cool and harsh to the feeling. Pulse small, sluggish and easily compressed, beating sixty pulsations to the minute. The pupils of the eye unaltered. He is easily roused, especially when the wound in the scalp is handled, answers when spoken to, says his neck pains him.

On examining the wound, which was situated on the upper part of the frontal bone, not far from the parietal, and extended three or four inches towards the outer angle of the eye, and turning down its flap, Dr. H. perceived its cavity occupied by a considerable quantity of cerebral substance. When this was removed a well defined hole in the skull, as large as a dollar, corresponding with the external injury, appeared, presenting a smooth surface leading into the cavity of the cranium. Dr. Wragg, who had been also summoned to the accident, opportunely came in at this moment and gave his assistance. The bone had been *starred*, as it were, by the blow, and driven in on the brain. No loose pieces could be felt, they being all tightly wedged in by the depressing influence. With much difficulty and by means of an elevator some pieces of bone were removed. The dura mater torn through, so as readily to admit the finger, and through this rent could be felt other fragments which had been driven in and buried in the substance of the brain itself. Dr. H. with great caution succeeded in extracting eight or ten pieces belonging, apparently, to the internal brittle table of the bone, and with them some cerebral substance also *came away*. More of it could be felt in a pulpy state, evidently much injured by these foreign bodies. What is singular was that not one of the fragments had any connection with the dura mater, being all completely isolated. During all these manipulations the patient manifested little or no suffering, wincing only when the divided scalp was handled.

"Being satisfied that nothing extraneous was left behind, the wound was more carefully cleansed, and having ceased to bleed, the edges were approximated by four interrupted sutures, assisted by two adhesive straps. These were so arranged that even if adhesion by first intention should occur, which was not probable from the contused nature of the wound, a sufficient outlet would be left for the suppuration and injured parts of the brain to be discharged.

"All the symptoms were such as are met with in simple concussion of the brain. The languid circulation, absence of paralysis and stertor, facility of being roused when spoken to, indicated that no compression existed. The loss of brain, which up to this time was over a teaspoonful, appeared to have no effect in the causation of his symptoms.

"Visited him at 7 P. M., and found his situation nearly as above described; he had not suffered, though he had been removed at least half a mile. Directed an infusion of senna with Epsom salts in the course of the night; cold applications to be made to the head; perfect quiet and absolute diet.

"23d. Pulse 64, sluggish, without force; skin still cool; eyes of a more intelligent expression; he remains awake longer after he has been roused, puts out his tongue when told to do so, and answers, though in an indistinct manner, when spoken to. The purgative has operated several times, and, when the occasion called, he got up to the stool with very little assistance; adjusted the bandages and continued the cold water dressings.

"24th. Pulse 65, small and feeble; the surface cool, has lost some of its rough feeling; lies quietly in bed; complains of his neck and ears when his attention is called to it; pulpy cerebral matter mingled with blood discharging from the extremities of the wound; bowels continue to be moved; allowed him a little warm tea or gruel.

"25th. On removing the dressings a good deal of cerebral matter with bloody pus was found in them, and more was gently pressed from the wound, which occasioned him no pain, or not more than would have resulted from a simple uncomplicated wound of the scalp. He seems to be recovering from the state of concussion. Pulse 68, with no impulse or hardness; skin warmer; complains more of his head and had passed rather a restless night, but at present feels hungry and asks for something to eat; a thin slice of bread and warm tea allowed.

"26th. Better night, his intellect clear; eyes natural; expression of countenance as in health; discharges less in quantity, but of the same character. Those parts of the wound which have not healed, give out a little healthy pus; some granulations springing up; an elastic fulness, having a pulsatory movement, sensibly perceptible.

"27th. Pulse 70; skin comfortable; all his symptoms improved; had eaten a thin slice of bread and cup of tea, with appetite; bowels kept loose, when necessary, by salts and senna.

"29th. Sitting up in bed.

"Aug. 1st. He has been kept quiet, and on short diet; complains that they do not give him enough to eat; the edges of the wound have healed at the points where the sutures have been used, having united in about two-thirds of their extent; granulations rather exuberant; suppuration healthy, consisting wholly of laudable pus, there being now no cerebral matter discharged. The flap of the skin is a little depressed below the level, and at this point the pulsations of the brain can be seen and felt. The probe, when introduced, can be passed under the wound, from one suture to another, and the exposed bone felt at one or two points, which made us apprehend some exfoliation. Cold water dressings continued, with moderate pressure, by means of a compress and bandage.

"7th. Touched the rather flabby granulations with caustic; wound contracting and healing; appetite good."

From this time he steadily improved; the wound had entirely healed on the 27th August, and at the date of the report (Oct. 15), was engaged in driving a dray, and feels as well as before the injury.

A similar case is recorded by Dr. Fox (see p. 43), and another by Dr. Walke (p. 238), in the present number of this Journal.

Edematous Laryngitis, successfully treated by Scarifications of the Glottis and Epiglottis. By GURDON BUCK, JR., M. D., Surgeon to the New York Hospital. (*Trans. of the American Med. Association*, vol. i.)

The following is the mode adopted by Dr. Buck for scarifying the glottis and epiglottis in the cases he relates.

"The patient being seated on a chair, with his head thrown back, and supported by an assistant, he is directed to keep his mouth as wide open as possible; and if there be any difficulty in this respect, a piece of wood an inch and a quarter in width, and half an inch in thickness, is to be placed edgewise between the molar teeth of the left side. The fore-finger of the left hand is then to be introduced at the right angle of the mouth, and passed down over the tongue till it encounters the epiglottis.

"But little difficulty is generally experienced in carrying the end of the finger above and behind the epiglottis so as to overlap it and press it forwards towards the base of the tongue. In some individuals the finger may be made to overlap the epiglottis to the extent of three-fourths of an inch.

"Thus placed, the finger serves as a sure guide to the instrument to be used, which is represented accurately in the accompanying plate. (See Fig 2.) The knife is then to be conducted with its concavity directed downwards, along the finger till its point reaches the finger nail. By elevating the handle so as to depress the blade an inch to an inch and a half farther, the cutting extremity is placed in the glottis between its edges (see Fig. 1); at this stage of the operation the knife is to be slightly rotated to one side and the other, giving it a cutting motion in the act of withdrawing it. This may be repeated without removing the finger, two or three times on either side. The margin of the epiglottis, and the swelling between it and the base of the tongue may be scarified still more easily

with the same instrument, or scissors curved flatwise (see Fig 3) may be employed for these parts, guided in the same manner as the knife.

"Though a disagreeable sense of suffocation and choking is caused by the operation, the patient soon recovers from it, and submits to a repetition after a short interval. In every instance the operation has been performed twice, and in some three times.

"Before proceeding to the operation, it has always been explained to the patient, that the seat of his difficulty was a swelling at the top of the windpipe, preventing the air from entering, and the object of the operation was to cut it and let out fluid and thus give him relief. This explanation corresponds so exactly with his own sensations, which refer to the top of the thyroid cartilage as the seat of obstruction, that he readily submits to the proposed operation, and renders all the co-operation in his power for its performance.

"A slight hemorrhage follows the scarifications, and should be encouraged by gargling with warm water. In one instance the quantity of blood mixed with sputa amounted to half a wineglassful."

Dr. Buck states, that during the short period of eleven months, no less than eight cases of cedematous laryngitis occurred in the New York Hospital, and of these Dr. B. has given the details of five cases; the other three terminated fatally, and their post-mortem appearances are detailed. Scarifications had not been resorted to in these last. Of the successful cases we select the three following.

The first case in which Dr. Buck employed the operation he describes, was the following:

"CASE I.—Arthur W. Taylor, seaman, born in New York, aged thirty-one years, was acting as nurse in Ward No. 4, South Building, New York Hospital. For two days previous to the 13th of April, 1847, when his case was first noticed, he had suffered from painful deglutition, with elongation of the uvula, that kept up a constant tickling sensation—the fauces also presented an inflamed appearance. The epiglottis was seen as well as felt to be swollen. Breathing was difficult, and attended with paroxysms of suffocation.

"A stimulating gargle had been used, and on the morning of the above date, the uvula had been excised with some relief. Six leeches had been applied over the larynx, and the bites were still bleeding at the time of the regular visit at noon. After exploring the parts with the finger, and ascertaining the existence of swelling of the epiglottis, and also allowing my two assistants to do the same, I scarified the aryteno-epiglottic folds and the epiglottis, partly with scissors curved flatwise, and partly with a sharp pointed curved bistoury, guarded to within one-third of an inch of its point by a narrow strip of adhesive plaster wound around it, and conducted to the parts upon the forefinger of the left hand, previously introduced at the right angle of the mouth. Two or three repetitions were requisite, at short intervals, to complete the operation. The patient hawked up three or four teaspoonful of blood, mixed with mucus, and expressed himself as feeling relieved. Twenty ounces of blood were drawn from the arm soon after, and grain doses of tartar emetic administered.

"On the following day (the 14th), an improvement in the respiration had evidently taken place.

"On the 15th, respiration was still further improved, the pulse was 84, and soft; patient complained of soreness of the scarified parts. Antimony was stopped.

"On the 17th he was much improved in all respects, pulse 68.

"On the 23d he was discharged cured."

"CASE II.—On the 13th of January, 1848, I saw, at Dr. Swett's request, Daniel McGraw, aged thirty years, a farmer, born in Ireland, (in Ward No. 8, North Building, New York Hospital,) who was attacked the evening previous with sore throat, difficulty of swallowing and dyspnoea.

"Inhalation of vapour of warm water, poultices to the neck, and a blister over the sternum had afforded him no relief. Patient's countenance was pale and had an anxious expression, his lips were livid. Inspiration was difficult and laboured, expiration easy.

"The voice was altered and hoarse. The velum, uvula and tonsils were moderately swollen, red, and coated with a grayish-yellow viscid secretion. With the forefinger the epiglottis was distinctly felt to be swollen, and its margin thick-

ened and folded together. The pouches between it and the base of the tongue were filled up by a soft pulpy swelling. Dr. Swett also explored the parts and found them as described. At 10½ o'clock A. M. I scarified the edges of the glottis as well as the epiglottis, and the swelling anterior to it, with a sharp pointed curved bistoury and curved scissors, as in Case I.

"Slight hemorrhage followed, and was encouraged by a warm water gargle. The exploration of the parts, as well as the operation itself, did not cause much disturbance, and patient expressed decided relief. A solution of nitrate of silver twenty grains to the ounce, was applied to the fauces one hour after the operation and once the following morning.

"At 2½ o'clock P. M., the same day, patient breathed more calmly and felt still further relief. He passed the following night very comfortably, and the next morning expressed himself quite well. The swollen parts were ascertained by the touch to have very much diminished. His further progress continued favourable without any repetition of the scarifications.

"This patient had been in the ward since the 29th of the preceding month with ship fever of a mild type, and was considered as making favourable progress at the time of the above attack."

"CASE IV was a patient of Dr. Swett in Medical Ward No. 9, North House, New York Hospital, named James Rourke, aged 27 years, born in Ireland. On Tuesday, February 28th, 1848, at 2½ o'clock P. M. was suffering with well marked symptoms of œdematous laryngitis, that had supervened in the progress of typhus fever at about the end of the third week. An abundant petechial eruption, great prostration, subsultus tendinum, and extensive bronchitis had characterized the fever. A supporting and stimulating plan of treatment had been pursued, and a large blister had been applied over the chest within a day or two for the relief of the bronchitis. Patient was also taking Stokes' expectorant. When seen, his breathing, especially during inspiration, was difficult and sonorous, and his voice hoarse.

"There was some soreness of the throat with a copious expectoration of viscid mucus.

"The velum and fauces were of a deep red colour, clean and free from swelling or exudation upon their surface. With the finger, the edge of the epiglottis was felt thickened, swollen and pulpy, by Dr. Swett, as well as myself. The glosso-epiglottic frænum and pouches on either side were not swollen.

"I scarified the edges of the glottis and the epiglottis, two or three times at a few moments' interval, which was followed by slight hemorrhage, and from which patient admitted that he felt some relief, though from the confused state of his intellect incident to the fever, his own testimony was considered doubtful.

"Some difficulty was experienced in the operation, from the involuntary closing of the jaws as if by a movement of subsultus, by which the left forefinger was compressed between the teeth. The instrument used was the curved knife. On the following day, patient was found to have passed the night comfortably and was no worse, the hoarseness and dyspnœa were about the same; no paroxysms of suffocation had as yet supervened. Stokes' expectorant and stimulants were continued.

"Second day, 4 o'clock P. M.—Patient is decidedly worse, dyspnœa very much increased, paroxysms of suffocation and choking have now supervened, and are excited by attempts to swallow and on falling asleep, during which the face and lips become livid. The pulse is eighty, full and quick, the skin warm and dry, the tongue brown and dry, and the throat clogged with viscid mucus; the epiglottis is felt to be much more swollen. I repeated the scarification very freely, taking the precaution to insert a piece of wood between the molar teeth on the left side to protect my finger. More hemorrhage followed the scarifications than in any previous operation. At least one ounce of florid blood was hawked up mixed with mucus, and patient expressed himself very much relieved. After this there was no recurrence of paroxysms.

"Third day.—The case is going on favourably, respiration is decidedly easier, the pulse is good and 80 per minute.

"Fourth day.—The improvement continues, the tongue has become white and moist, and the temperature of the surface more moderate. The epiglottis has

nearly resumed its natural condition. Stokes' expectorant has been continued and the blistered surface kept sore. In a few days after, the voice recovered its natural tone, and the patient began to leave his bed. He was discharged March 30th, cured."

In the fifth case, in view of the urgency of the dyspnœa and imminent danger attending it, Dr. Swett as well as Dr. Buck thought it prudent not to rely exclusively upon the scarifications, but to give the patient the additional chance of tracheotomy, which was accordingly performed, and was followed by the happiest effects.

The results obtained under the treatment by scarifications in the cases which have come under the observation of Dr. Buck have far exceeded his most sanguine expectations. "In every instance," he says, "a favourable result followed the use of scarifications. In Cases II. and IV. no other efficient auxiliary treatment was employed; scarifications alone were relied upon; and, though in Cases I. and III. venesection, leeches, emetics, mercury, &c., were also employed, it was very obvious that no benefit was derived from them, and that no relief was experienced till the operation was resorted to.

"It is true that in Case V. tracheotomy, which has proved efficacious in this disease when early performed, was resorted to on account of the imminent danger of suffocation that threatened the patient; yet, if the particulars of this case are carefully considered, evidence may be derived from it tending to strengthen our confidence in the efficacy of scarifications, if not to show, that even in this particular instance, they might have been exclusively relied upon. It will be borne in mind, that twenty-four hours after the operation of tracheotomy, on closing the opening of the trachea, by compressing the edges of the wound together, the patient could already breathe through the larynx with a good degree of facility, and the epiglottis itself was felt to have diminished in size. At the expiration of forty-eight hours, on closing the outer orifice of the tube, which accurately filled up the opening in the trachea, the patient was able to breathe without effort, showing conclusively that the obstruction of the larynx had disappeared. The epiglottis had also resumed its natural size.

"That the removal of the obstruction of the larynx in this case was very rapid will appear by comparing it with what has been observed in other analogous cases after tracheotomy.

"Mr. Porter (*Obs. on the Surg. Path. of the Larynx and Trachea*, London, 1837, p. 103) states, that in a very urgent case of œdema of the glottis, where tracheotomy was performed, 'the subsequent progress was, in every respect, as favourable as the operator could wish. The patient had calomel and opium to the extent of affecting his mouth. In a few days he was able to respire partially through the glottis,' &c. Mr. Porter also says (in *Med.-Chir. Trans.*, vol. xi. p. 422), of a patient, 'on the third day after tracheotomy had been performed, under the most urgent circumstances in this disease, that he had one or two attacks of convulsive breathing from the wound being obstructed. He was sometimes obliged to resort to the natural opening, and to use strong muscular exertions in inspiration,' &c. &c. This patient was also taking mercury freely. Mr. Lawrence (in the *Med.-Chir. Trans.*, vol. vi. p. 253) says of his patient, 'on the ninth day after tracheotomy, he was sufficiently recovered to get up. By holding the edges of the wound together he could breathe through the larynx and speak, but there was still a feeling of difficulty which made it necessary to open the wound again in a short time.'

"Mr. Wood (in *Med.-Chir. Trans.*, vol. xvii. p. 159) says of a patient, 'on the fourth day after tracheotomy, she breathes easily except when the artificial opening is obstructed by mucus.' Ptyalism was also produced in this case.

"All of these cases recovered. The obstruction of the larynx, however, was slow and gradual in its disappearance, and, in three of them, the progress of absorption was aided by the mercurial action.

"It may, therefore, I think, be fairly inferred that the rapid removal of the obstruction in the case under consideration, is to be attributed to the free scarifications that had preceded the operation of tracheotomy, and in all probability they alone might have been relied on to accomplish the desired object. The mechanical obstruction to the entrance of air into the larynx, produced by the œdematous

swelling of one or both edges of the glottis, with the spasm induced by it, constitutes the essential and dangerous feature of this disease, and one which will admit of no delay in its removal.

"In the almost constant failure of other means to accomplish this object, the operation of tracheotomy has been very properly recommended by the best medical authorities to be early resorted to.

"By this means an artificial entrance is provided for air into the lungs, by which life is supported, and time gained for the gradual removal of the obstruction.

"The operation now under consideration aims at the removal of the obstruction itself in the most direct manner, and the results already obtained may well encourage the hope that this formidable disease will not hereafter bear such fatal sway as the annals of medical science show it to have done heretofore.

"In respect to the difficulties of the operation, it may be remarked that those which exist on the side of the patient are—1st. Irritation and disturbance of the affected parts themselves produced by the presence of the finger and instrument. These, as has already been incidentally remarked in the report of the cases, have not been so great as to prevent the accomplishment of the operation or deter from its repetition. The patient soon recovers from them, and in every instance two or three repetitions, at intervals of three or four minutes, have been submitted to. In one instance only (Case III.), did the patient require urging. 2d. As this disease sometimes supervenes in the progress of phlegmonous inflammation affecting the parotid or submaxillary regions, and attended with rigidity of the lower jaw, the difficulty of separating the jaw might be insurmountable. In this case tracheotomy would be the only resource. The most suitable means of overcoming the obstacle in such a case, would be the cautious use of wooden wedges to pry apart the jaws.

"The difficulties on the part of the operator, where the requisite knowledge of the anatomical relations of the parts and the necessary skill are possessed, are by no means formidable. The accompanying plate, (Fig. 1.) together with the description already given of the operation, it is believed will render the subject sufficiently plain.

"The dangers of the operation are either of producing suffocation by exciting spasm, or of inflicting injury with the knife on neighbouring parts. In regard to the first, more extensive experience alone can decide the question. In Cases III. and IV. it was submitted to a severe test; at all events the danger from this source can scarcely be equal to that of the disease itself.

"In regard to the danger of wounding neighbouring parts, the action of the knife is limited on either side by the sides of the thyroid cartilage, which shut in the glottis, and render access to the great vessels impracticable. In the swollen state of the lining membrane, the scarifications, unless carried to an undue extent, would not be likely to involve anything beyond the membrane itself.

"It will be for future experience to determine in what particular conditions of this disease the operation may be inapplicable. The advantages of its early application are shown in Cases I. and II.; and in Case III. the patient's obstinate refusal to submit to tracheotomy compelled our sole reliance on scarifications, and that in circumstances of the most imminent danger from impending suffocation.

"Although œdema of the glottis is a disease confined to adult age, yet an analogous condition of the larynx is accidentally produced in children by their attempting to drink scalding water from the spout of a tea kettle. Numerous cases of this accident have been reported, in which death took place from suffocation, with symptoms of croup, and in which the edges of the glottis and epiglottis were found swollen and blistered. A few of these cases have been saved by tracheotomy. Scarifications would seem to be equally applicable for their relief, and Dr. Marshall Hall, in 1821, (*Med.-Chir. Trans.*, vol. xii.) after relating four cases of this accident, observes, in remarking on the treatment:—'If the suffocation were imminent, I should not hesitate to propose laryngotomy or tracheotomy, and the former would appear to reach below the seat of the affection. But I now regret that I did not propose the scarification of the epiglottis and glottis, so as to evacuate the blisters.' The suggestion of this distinguished

physician does not appear to have been carried into effect, or even noticed by those who have treated of this subject since it was made. Dr. Jameson, in his *Observations on Œdema of the Glottis* from attempts to swallow boiling water, (*Dub. Quart. Journ. of Med. Sci.*, No. IX., Feb. 1848,) makes no allusion to it.

"Lisfranc has proposed making punctures (*mouchetures*) of the swellings in œdema of the glottis, of which Cruveilhier says, (*Dict. de Méd. et de Chir. Pratique*, tome ii. p. 41, 1834,) 'I doubt whether this little operation has ever been performed.' Mr. Ryland (*A Treatise on the Diseases and Injuries of the Larynx and Trachea*, Philadelphia, 1838, p. 51) says of this method, and of that of M. Thuillier, which consists in making pressure from time to time by means of the finger upon the distended lips of the glottis, to promote the absorption of the effused serum, 'both plans are fantastic, very difficult, if not impossible, of accomplishment, and more likely to increase than diminish the existing mischief.'"

Mr. Busk, at a meeting of the Royal Med. and Chir. Soc., March 9, 1847, (*London Lancet*, March, 1847,) related 'two cases treated successfully by making a great number of minute punctures on the back of the tongue, the uvula, and pharynx, with a sharp pointed bistoury, and repeating them every half hour for two or three hours.'

"These are the only methods of treatment analogous to the one under consideration that have been hitherto proposed by others, so far as my researches have ascertained.*

"The question of diagnosis in this disease is one of vital importance, irrespective of the present operation, but in connection with it its importance becomes very greatly enhanced. Without stopping to notice the distinctive symptoms which have been generally regarded as characteristic of this disease, or those of other diseases that are most likely to be mistaken for it, I beg leave to insist upon one sign which is strictly pathognomonic, and does not appear to have been sufficiently appreciated.

"I refer to the swelling of the epiglottis as ascertained by the touch. The discovery of it, according to Bayle, (*Dict. des Scien. Méd.*, tome xviii. p. 507,) is due to M. Thuillier, who proposed it in a thesis sustained before the Faculty of Medicine in Paris, in 1815. The value of this sign will be admitted if we consider how frequent the swelling of the epiglottis co-exists with that of the glottis. Bayle, (*loc. cit.*), who dissected more than seventeen cases of this disease, says, 'the epiglottis is rarely intact. often it is very much swollen at its edges.' Ryland says, (*loc. cit.*, p. 48,) 'The œdema is seldom confined to these localities, but extends to the base and lateral edges of the epiglottis, &c.'

"Among seventeen cases collected from different sources, and in which the condition of the epiglottis was ascertained, either by dissection after death, or by the touch or inspection during life, swelling was found in fifteen. Of the eight cases reported in this paper, the epiglottis was found swollen in seven, and in the remaining one there was no evidence that it was not swollen.

"This swelling takes place either at the margin on one or both sides of the median line, or on the lingual surface of the epiglottis at its base, filling up one or both depressions between it and the tongue, and obliterating the central glosso-epiglottic frænum.

"It conveys to the touch the sensation of a soft pulpy body, easily recognized and distinguished from the stiff rigid swelling of these parts in membranous laryngitis.

"The facility of ascertaining the condition of the epiglottis with the end of the forefinger, not only by placing it in contact with its anterior surface, but by passing over its upper edge, and applying it upon its posterior surface, has been already noticed.

"To test this question still further, the experiment has been repeated in at least twelve individuals, and in all with success, though not with equal facility. In some these parts were easier of access than in others, but in none did the experiment fail.

"In the exceptional cases where the epiglottis is not found swollen, the edges of the glottis may be brought more within reach by pressing up the os hyoides

* See Note at the end of this paper.

with one hand applied externally over it, and acting from below upward, while the forefinger of the other hand is introduced as directed into the mouth.

"Should this not accomplish the object, the fore and middle finger may be thrust far back into the pharynx, as is required for the removal of a foreign body lodged in the throat.

"In all the five cases treated by scarifications, it will be remembered that the test of touch was applied, not only by myself, but by one or more of my colleagues or assistants, and thus the diagnosis of the disease was established beyond doubt.

"To those who have encountered this formidable disease, this subject will possess peculiar interest; and the remedy proposed, perhaps, may be hailed by them as a valuable improvement in the healing art.

"Time and experience alone can determine this question. To this test I desire to subject it after having, as I believe, faithfully recorded and made known the results of my own experience.

"In conclusion, I desire to express my grateful acknowledgments to Drs. R. K. Hoffman and John A. Swett, my highly esteemed colleagues at the New York Hospital, for the opportunities they kindly afforded me of applying the new treatment upon their patients, and also to my pupil, Mr. Moreau Morris, for the accurate and beautiful drawings accompanying this paper, and so indispensable for its illustration:

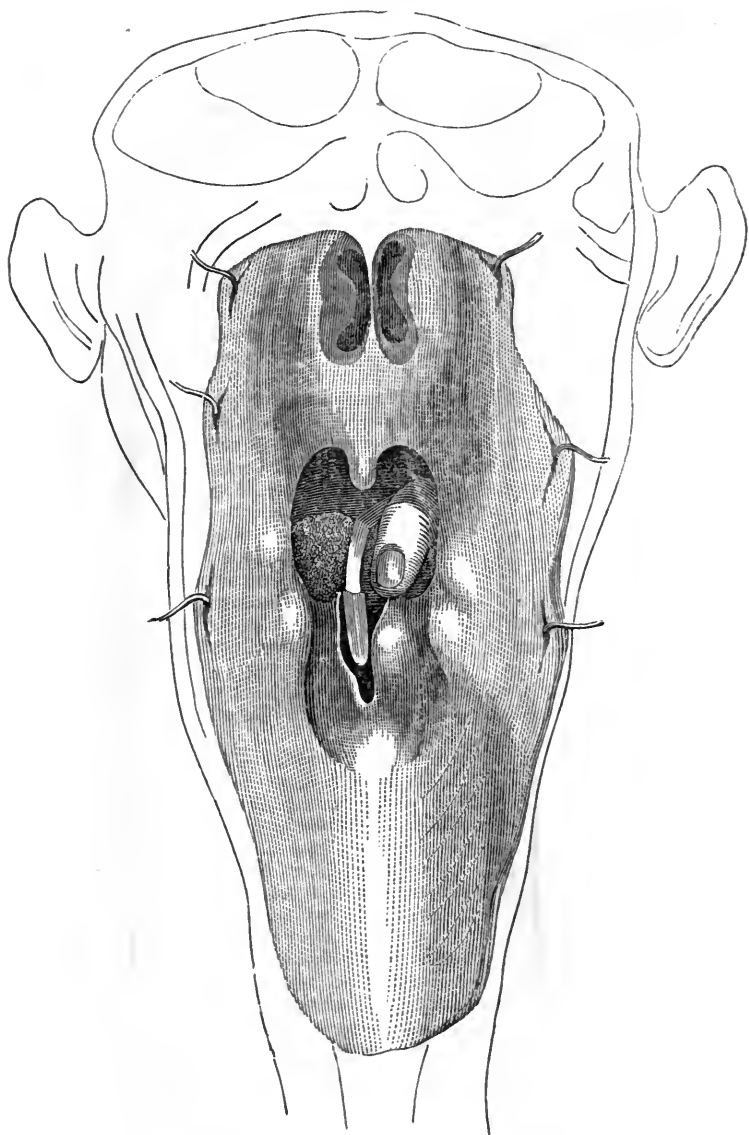
"NOTE.—Since this paper was laid before the American Medical Association at its recent meeting, I have had access to Vallex's work, entitled *Guide du Médecin Praticien*, tome i. p. 481, Paris, 1842, giving a detailed account of M. Lisfranc's operation, respecting which it seemed doubtful, from the very slight notice taken of it by earlier authorities, especially Cruveilhier, whether it had ever been performed. M. Vallex says, 'M. Lisfranc (*Mém. sur l'Ang. Laryng. Œdem.*, *Journ. Gén. de Méd.*, tome lxxxiii., 1823) first conceived the idea of evacuating, by means of incisions more or less numerous, the serous or sero-purulent fluid engorging the submucous tissue of the larynx. This surgeon cites five cases in which this operation was followed by an immediate change, and subsequently by a complete cure. In a sixth case, several similar operations at variable intervals acted only as palliatives. Extensive lesions of the larynx existed, which at length caused the death of the patient.

"The following is M. Lisfranc's method of scarifying the larynx. Take a long narrow-bladed slightly curved bistoury in a stiff handle, protected with a strip of linen to within half an inch of the point. Let the patient open his mouth wide, and have the jaws kept apart by means of a cork placed far back between the molar teeth, one end of the cork being held by an assistant. The patient being placed in front of the operator, with his head supported against the breast of an assistant, pass the index and middle finger of the left hand into the mouth till they reach the swollen edges of the larynx, glide the bistoury flatwise upon the finger, holding it as you would a pen. On reaching the larynx direct the edge forward and upward, then, after having elevated the handle, depress it gradually, at the same time pressing gently upon the point. At first, a few punctures only should be made, as by the aid of pressure two or three small incisions are sufficient. They may easily be multiplied in the same way if judged necessary.

"These scarifications, says M. Lisfranc, produce a flow of the infiltrated matter and sometimes a slight oozing of blood, which effects a salutary disorgement. The cough excited by a few drops of serum falling into the larynx, contributes much to diminish the swelling. The immediate beneficial results of these scarifications might be partially defeated, by their occasioning more or less inflammation of the larynx and surrounding parts. In such a case recourse must be had to general or local bleeding, which would soon disperse this traumatic inflammation."

"It appears also, from M. Vallex's statement, that Professor Marjolin has lacerated the œdematous edges of the larynx with a piece of althea root, and M. Legroux with the nail of the index finger sharpened for the purpose, and both with success."

Fig. 1.



"Fig. 1 represents a transverse perpendicular section through the base of the cranium and between the pharynx and cervical vertebræ. The pharynx is laid open and exposes posteriorly the nares, velum, uvula, base of the tongue and glottis, with the left forefinger applied upon the epiglottis and pressing it forwards against the base of the tongue; the curved knife is placed with its cutting extremity in the entrance of the glottis between its edges, which are represented as œdematous."

Fig. 2.

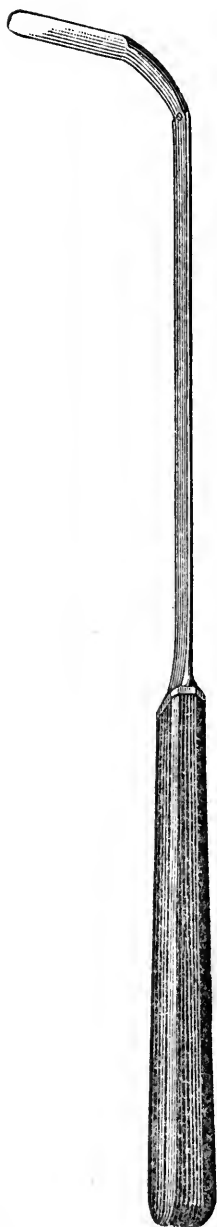
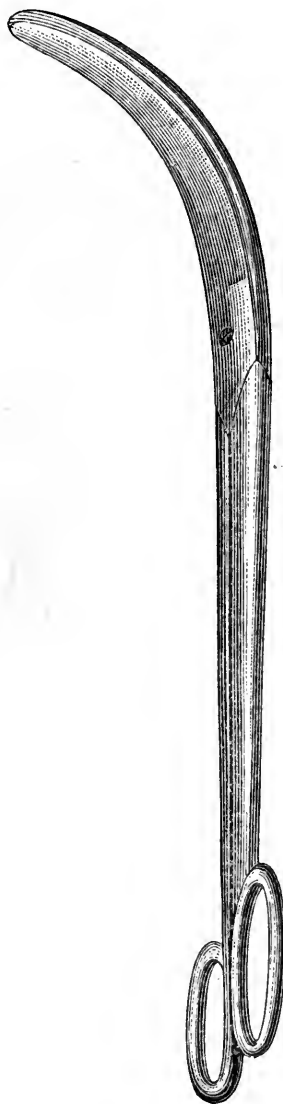


Fig. 3.



"Fig 2. The curved knife for scarifying the glottis.

"Fig. 3. The scissors curved flatwise for snipping the edges of the epiglottis and swollen pouches on its lingual surface."

A New Feature in the Anatomical Structure of the Genito-Urinary Organs not hitherto described. By GURDON BUCK, JR., M. D., Surgeon to the New York Hospital, &c. (*Transactions of the American Medical Association*, Vol. I.)

The anatomical structure in question consists of a distinct membranous sheath investing the penis in the manner to be described, and forming a continuation of the suspensory ligament above, and of the perineal fascia below, and will be best understood by a description of the mode of dissecting it.

The penis and scrotum are to be circumscribed by an incision at the distance of three fingers breadth all around, and crossing the perineum at the anterior margin of the sphincter.

The dissection of the skin and subjacent cellular and adipose tissues is to be made towards the penis, on the level of the fascia lata laterally, and of the perineal fascia posteriorly, and carefully continued to the body of the penis, as far as the corona glandis. By this means, the penis, as well as the suspensory ligament, is denuded of its loose movable investments.

An incision is then to be made along the dorsum of the penis, exactly in the median line, splitting through the suspensory ligament, and extending forward to the corona, between the dorsal vessels and nerves that run parallel on either side. The adhesions of the sheath along the dorsum are firm, and require careful dissection; the blood-vessels and nerves being raised with it, serve as a guide to show the line of adhesion.

The dissection being prosecuted laterally as well as inferiorly and at the extremity, the entire corpus cavernosum is enucleated, the muscles of the perineum being raised with the sheath. It is now clearly seen that the suspensory ligament from above, and the perineal fascia from below and laterally, form one continuous membrane with the sheath, inclosing the corpus cavernosum in its cavity, and embracing the corpus spongiosum urethræ between two layers, one of which passes above, and the other below it. The excavated base of the glans adheres inseparably to the outer surface of the sheath, while, by means of its inner surface, it caps the summit of the corpus cavernosum.

Its adhesions are most firm at the extremity of the corpus cavernosum, along its dorsal surface, and at the insertions of the erector and accelerator muscles.

It is thickest around the corona, along the dorsal surface, and where it forms the suspensory ligament.

Zones of vessels run at regular intervals in the direction of the circumference of the penis, from the dorsal trunks to the corpus spongiosum, between the layers of the sheath.

The cavity formed by the sheath, and occupied by the corpus cavernosum, is limited posteriorly by the triangular ligament.

That portion which covers the perineal muscles, and has been described by authors under the names of the superficial fascia of the perineum, inferior fascia and ano penic fascia, arises laterally from the ascending rami of the ischium, and descending of the pubes, as far forward as the inferior edge of the symphysis, where the two layers meet and form the suspensory ligament. Posteriorly, it is continued over the transverse muscles, and folding around their edges is prolonged upwards into the ischio-rectal fossa.

It also sends off, from its upper surface, membranous septa between the accelerator muscles in the middle, and the erectors on either side, to join the triangular ligament, and thus forms three distinct and independent sheaths that are confounded anteriorly with the common sheath investing the corpus cavernosum.

M. Velpeau's description of this fascia (*Traité d'Anatomie Chir.*, 3me edit., Paris, 1837, tome ii. p. 214) is the most minute and accurate. He says of it, in addition to the above—"that it is insensibly lost in front upon the body of the penis." Mr. T. Morton (in his *Treatise on the Surgical Anatomy of the Perineum*, London, 1838, p. 12) says of it, that—"anteriorly it passes forwards into the scrotum, where it appears to become continuous with the dartos."

Colles, who has given the most accurate description of the sheath of the penis (in his *Treatise on Surgical Anatomy*, 2d Amer. edit., Phila., 1831, p. 146) says—"on raising the skin we find a ligamentous membrane which invests the penis, and which is derived from the suspensory ligament:" further on he adds—"This

ligament, adhering by its upper edge to the symphysis pubis, descends and fixes itself by its lower edge to the dorsum penis, but it does not cease here, for it can be traced, expanding itself over the crura of the penis and urethra, until it terminates at the base of the glans, thus constituting one of the envelops of the penis."

Other modern anatomists, such as Malgaigne, Cruveilhier, A. Berard, &c., have contributed nothing to render our knowledge of these parts more complete than the authorities just quoted.

The present statement, besides embracing what has been described by Velpeau and Colles, shows the peculiar relations of this sheath to the corpus spongiosum urethrae and the glans penis, which, so far as my researches have extended, have not hitherto been described by anatomists.

Important pathological relations have been shown by Velpeau to depend on the peculiar structure of these parts as described by himself, especially in the formation of abscesses, and extravasation of urine anterior to the triangular ligament. The more complete development of their anatomical relations set forth in this paper, serves to confirm these pathological views, and throw additional light upon them.

The following case of extravasation affords a good illustration.

CASE I.—Charles Peak, a seaman, aged thirty-four years, born in England, was admitted into the New York Hospital, February 29th, 1848, with a circumscribed, hard, prominent swelling, of the size of a Madeira nut, in the anterior part of the scrotum, covering and closely embracing the urethra, and also extending on either side around the root of the penis, in the form of an indurated flattened band.

It was very tender to the touch, and contained matter, as was evident from deep fluctuation. The superjacent cellular tissue and scrotum retained their natural suppleness and mobility, and did not participate at all in the deep inflammation. A stricture of the urethra, admitting only the smallest sized bougie, was found within the swelling, and had existed for more than a year.

About three weeks before admission, the swelling in the scrotum first appeared of the size of the end of the finger, after the introduction of a wire sound by the patient himself.

A deep free incision into the tumour evacuated a quantity of fetid urine mixed with pus; and for some time subsequent, urine continued to escape through the wound, in small quantities.

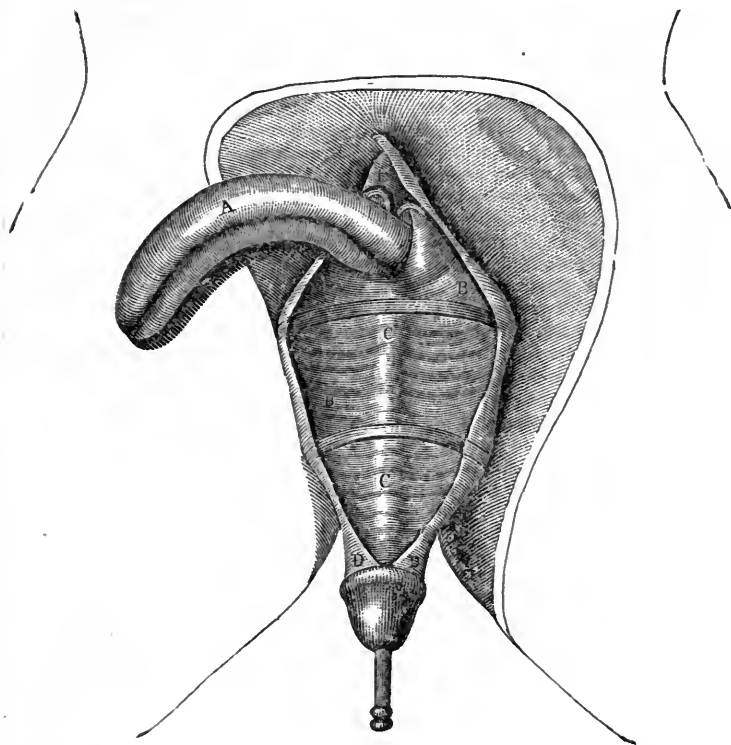
In this instance, the rupture of the urethra had taken place within the sheath of the corpus cavernosum at the stricture, and the inflammatory swelling consequent on the extravasation of urine was thus confined to the narrow limits described; the communication between the urethra and loose superjacent cellular tissue being shut off.

Left to itself, the swelling sometimes gradually approaches the surface, by appropriating to itself, by the adhesive inflammation, the successive layers of cellular tissue covering it, and at length evacuating its contents externally, through an ulcerated opening. This, however, is not uniformly the case. It often happens that the ulcerative process within the abscess goes on in advance of the adhesive and conservative process on the outside, and opens a communication into the loose cellular tissue covering it, the consequence of which is rapid extravasation in every direction, filling up the scrotum, spreading up over the pubes, and sometimes extending along the crest of the ilium as high as the false ribs. It is probably rare that this extensive secondary form of extravasation is not preceded by the circumscribed or primary form; hence the importance of the established rule of practice; to make a free opening into these hard swellings along the urethra, as soon as their existence is ascertained.

Another, and much more rare consequence of an opening of the urethra into the sheath, is the gradual formation of one or more fistulous tracks along the penis, terminating behind the corona glandis, and causing a good deal of thickening and induration of the tissues along their course.

Other pathological and physiological relations will doubtless be deduced from this anatomical structure, when attention shall be more extensively directed to it.

The accompanying drawing, representing the dissection of the sheath of the penis, was made by my pupil, Mr. Moreau Morris.



A dissection of the sheath of the penis, showing,

A. The corpus cavernosum, enucleated from the sheath.

B. The sheath, split up through the suspensory ligament, of which it is a continuation.

C. The relations of the sheath to the corpus spongiosum urethrae, one layer of which passes above, the other below it.

D. Its relations to the glans penis, to which the sheath adheres inseparably by its outer surface, while by its inner surface it caps the corpus cavernosum.

E. The dorsal arteries, veins and nerves, raised with the sheath.

Remarks on some of the Diseases which prevailed in the 2d Regt. Mississippi Rifles, for the first six months of its service. By THOS. N. LOVE, M. D., Surgeon to the Regiment. (*New Orleans Med. and Surg. Journ.*, July, 1848.)—This interesting paper furnishes important materials which ought not to be overlooked by the historian who shall desire to present a full and impartial narrative of the war with Mexico. To arrive at a just estimate of conquests and military glory, the cost ought to be known. The following extract from Dr. Love's paper will, we are sure, be read with interest.

"The ten companies of volunteers called for by the President in the latter part of the year 1846, to serve during the war with Mexico, met at Vicksburg, between the 2d and 6th of January 1847. During the march of the respective companies from their residences to the place of rendezvous the weather was most delightful—equal to Indian summer. Most of them left home without having provided themselves with sufficient clothing, intending to appropriate in this way the money

which Government allowed them for this purpose. But few of them were provided with woollen clothes and hardly one in ten with flannel. The Governor of the State had rented warehouses which were fitted up and appropriated as barracks for the companies as fast as they assembled. These were very uncomfortable for men lately accustomed to feather beds and warm buildings, but these were perhaps the best quarters that could have been procured. The troops were, however, destined to enjoy these quarters but two or three days. The officers appointed for the purpose of organizing the regiment selected an encampment two and a half miles above Vicksburg, which, in honour of a gallant officer, they named 'Camp McClung.' The men were rapidly mustered into service; not having been subjected to a close inspection, the result was that many weak, infirm, and broken in constitution had entered the army. Indeed many had volunteered for the purpose of restoring their health. As fast as they were mustered they marched to the camp, which proved to be a very injudicious selection, situated upon a low bank of the river, exposed to a wide sweep of the north and west winds. Before the men had fairly pitched their tents or became rested from the fatigues of the march, the weather became very inclement. The whole encampment was covered with mud and water. The blankets and clothing of the men were saturated with water. The young soldier's couch was made upon the damp and chilling earth, rife with disease and death. Add to these misfortunes, they were suddenly placed upon the diet of camp life. On the 10th of January one of the most remarkable changes in the weather occurred I remember ever to have witnessed. The previous night the windows of the very heavens seemed to have been opened, and torrents of rain came like a flood over the encampment. Early in the morning the cold north wind came sweeping down from the broad bosom of the Mississippi, bringing with it a storm of sleet and hail. The situation of the troops now became truly distressing. The inclemency of the weather was such that it was impossible to furnish them provisions and wood sufficiently or regularly. Some muffled themselves up in their dripping blankets and huddled together in their cold and comfortless tents; some hovered over the smoking fires, calmly submitting to the pitiless peltings of the storm, and others, with their wet and frozen blankets close around them, wandered forth through the streets, friendless, homeless, and houseless. Language fails to give an adequate idea of the sufferings of our men. They felt 'as if the very marrow of their bones was congealed.'

"These causes, which I have briefly enumerated:—fatigue, exposure, insufficient food and clothing, were soon followed by the most remarkable and disastrous effects—influenza, rheumatism, pneumonia and a disease more formidable than them all—*cold plague*. In this condition the regiment embarked on board steamboats for New Orleans. Our men were here prostrated by dozens; unprovided with medicines, or even a shelter, they were compelled to seek that comfort which their friends could best procure for them. The situation of the troops became so distressing that they were removed as fast as possible to the Battle Ground below New Orleans. All but two companies were transported upon the 13th and 14th of January. Two companies had taken quarters in Vicksburg and were not transported until the 18th. The citizens of Vicksburg no doubt remember well the eccentricities of a Captain who marched his company about the streets day and night, through mud and water, the result of which was subsequently manifested in a greater proportion of mortality among his men than almost any other company.

"During the transportation of the troops to the Battle Ground, their sufferings, if possible, were increased. Every day we had more or less rain; the cold wind shifting from every point of the compass. The men were crowded upon steamboats, with their wet tents and damp blankets piled about them, poorly provided with shelter and no conveniences for cooking. It was distressing to go among them at night and hear the incessant coughing of hundreds, and the lamentations of the sick, suffering with cold and calling for the simplest wants.

"It was during showers of rain and blasts of cold wintry winds that they erected their encampment upon the Battle Ground, and upon an earth saturated with water, they made their beds. One hour the sun shone out beautifully, the next the soldiers were seen muffled in their blankets, turning from the cold wind, and the next they were found huddling in their tents from the torrents of rain. Not a dry

foot of land was to be found in the whole encampment. The heat of the fevered patients vapourized the dampness of the blankets, creating in their tents a dense, suffocating steam.

"In this condition medical treatment was unavailing, and not until the seal of death had fixed the destiny of many a brave soldier, did our Government officers pretend to offer the least assistance, and at last it was only to the dying soldier they gave a scanty couch of straw within the walls of a cheerless building, far more comfortable, however, than was our former condition. Many of our sick had already sought lodgings at their own expense in private hospitals and boarding houses. When comfortable quarters were not allowed by officers whose duty it was to procure them, our officers very justly granted permission to their men, who were sick, to seek for themselves lodgings in the city. The removal of the sick to the hospitals was a distressing scene. On one occasion more than fifty were taken to Dr. Luzenberg's Hospital. They were first taken, in cabs, to the river, then crowded into the cabin of a small towboat, then again into cabs to be transported to the railroad and thence into the cars, and before they were safely lodged in the hospital it was midnight; many of them apparently suffering with severe inflammatory rheumatism, and at every effort to move them was uttered an involuntary scream of agony. It would be ungrateful in me not to acknowledge in this connection, the kind attentions and unceasing energy with which Dr. McCormick, the Medical Purveyor of New Orleans, laboured night and day to afford us relief. The private physicians of the city were exceedingly kind in bestowing their services, of whom none is more deserving of our sincerest gratitude than Dr. Fenner.

"The next step was to remove the troops upon the transports, for which we had waited impatiently for several days. Here our sick list continued to increase. The situation of the troops was but little better than in camp. In the holds of three ships were crowded nearly 800 men; their tents, blankets, and clothing still very damp, the weather being so inclement that it was impossible to dry them. The berths were made of green pine plank which were as cold and hard as marble. Upon these our sick men were confined. They were not even allowed straw mattresses although they were earnestly required and demanded, and could have been procured for one dollar a-piece. I have seen the sick soldier in his delirium, raging with madness and writhing under the terrors of disease, tear his flesh upon the rough sides of his rugged couch. At length all our sick were removed from the ships to the hospital, and on the 30th of January we were sailing fast from the scene of desolation, with the sanguine hope that we had left behind us the scourge. Indeed, we had left behind *eighty* of our men that were destined never to join us again. But our brightest hopes were soon at an end. The dark cloud of disease still hovered over us. The holds of the ships offered scenes distressing to the most callous heart. The evaporation from the dampness of the blankets and tents settled in great drops upon the ceiling. The holds of the ships were soon crowded with the sick. The effluvia was intolerable. The attendants were young and inexperienced. The sea became rough and the companions of the sick were no longer able to give their kind attention. They had nothing to eat which a peevish appetite would crave. Here the soldier was deprived of the simple attentions of a kind mother and sisters, who come around the couch of a sick man like ministering angels. Through the long dark night the rolling ship would dash the sick man from side to side, bruising his flesh upon the rough corners of his berth. The wild screams of the delirious, the lamentations of the sick, and the melancholy groans of the dying, kept up one continual scene of confusion. We had a long tedious voyage—four weeks we were confined to the loathsome ships, and before we had landed at the Brazos, we consigned twenty-eight of our men to the dark waves."

Dr. L. states, at six months after the regiment had entered the service, it had sustained a loss of 167 by death, and 134 by discharges.

Anthropo-toxicologia.—The *New Orleans Med. and Surg. Journ.* (July, 1848) contains some interesting observations by Dr. C. E. LAVENDER, of Selma, Ala., relative to "that form of *poison* generated in, or secreted from, one healthy person capable of producing disease in another human being subject to its influence."

"That the human body in a state of disease is capable," Dr. L. observes, "of sending forth a contagious or infectious poison, is familiar to every one. That the natural and normal secretions of certain animals are poisonous and will, when received in the human system, produce disease and death, is equally true. But that the secretions or exhalations from some human beings in health, are so virulent and noxious as to cause disease in other healthy persons, is a position that will not readily be conceded, and must therefore be examined."

To throw light upon this subject, Dr. L. relates three cases. The subjects of the two first were the two wives of the same man who were at the period of marriage in good health, but soon afterwards sickened and died. The subject of the third was the wife of a second man, and the phenomena presented were the same.

"The toxicological symptoms in these cases are the constant and gradual emaciation and waste of vitality, without any apparent fixed disease; the optic illusions, especially the fact of *light appearing scarlet, and white red*; the coincidence of the symptoms under similar circumstances; and the fatal termination.

"The anthropological facts are these: P. K., the husband of the two women whose cases are detailed (and the remarks will equally apply to D. W., the husband of the third), is a man whose cutaneous secretions, especially under excitement, are known to be exceedingly offensive and disgusting. 'Essentially an unclean animal, all the civet of the apothecary, mixed with the perfumes of Araby the blessed, cannot sweeten him.' Is it not possible, nay, is it not probable, that the inhalation of these gaseous secretions or the absorption of others, from this living laboratory of malaria, may have produced deleterious impressions on those constantly subjected to their influence, causing a specific and fatal train of morbid associations?

"These two women were in the prime of life, in robust health, of good constitution, and of active, healthful habits. So soon as they came in contact with this man, they began to exhibit the effects of morbid causes. They both became leucophlegmatic, and continued constantly and steadily to decline. The same optic illusions, dimness of vision and perversion of colours, marked the progress of both cases to a fatal termination.

"The matter of contagion is no more cognizable to our senses than malaria. Infectious disease is, however, usually attended by a certain very sensible factor. Persons whose bodies, in a state of health, are capable of elaborating infection, as far as my observation extends, are distinguished by the strong and peculiarly offensive character of their pulmonary and cutaneous exhalations. Although this may not always be the case, yet so singly is it true in the cases before us, that I have heard sensible men say that, in their opinion, it would cause disease in any person who would room with them. I therefore set this morbid agent down in the catalogue of animal poisons, as human infection *sui generis*. What its nature, its essence—from what part of the body derived, and upon what tissue it first makes its attack, are, at present, matters of conjecture. Whether all persons are obnoxious to this poison, or whether there is a peculiarity in some, rendering them more susceptible of its action than others, time and observation must decide. In the cases above noted the noxious cause evinced its power by depressing the vital energies, impoverishing the vital fluid, and deranging the sensorium. There are, doubtless, instances in which the infection, not being sufficiently concentrated or virulent to cause fatal consequences, makes known its existence in the continued bad health and low spirits of its victim. And this, it may be, is the secret why so many hysterical cases are so difficult to be controlled, and why in such cases the experience of our profession finds it profitable to prescribe temporary *absque marito*."

Bite of the Cerastes Nasicornis, the Horned Viper of Western Africa. (Proceedings of the Academy Nat. Sciences of Philadelphia, April 11, 1848.)—Dr. T. S. SAVAGE, in a letter to Dr. Hallowell, has furnished some interesting information relative to the bite of the horned viper of Western Africa, and its treatment. He states that the natives dread this serpent more than any other—its poison is very intense, generally proving immediately fatal, though sometimes the animal bitten survives for hours.

"The native treatment for the bite of this, and all other serpents, is," he says,

“to suck out the poison; make a free incision over the wound, and apply the juice of an unknown plant, sometimes a strong decoction of the same. Recovery is sometimes said to occur, but very rarely, however. A direct, deep flesh wound is supposed always to prove fatal.

“The symptoms are, severe pain in the parts—rigors more or less palpable—sensation of heat—vomiting—profuse perspiration and purging. If not much reduction of vital energy attend, there is a possibility of recovery; but if, on the contrary, an early sickness comes on, there can be no hope—death soon follows.

“A case occurred at one of our mission stations, supposed to be from the bite of this viper, though it is not certain. A young man had been out in search of Palm-nuts (fruit of the *Elais guiniensis*.) As he was returning, he heard the warning sound, but knowing the habits of the reptile, and supposing it to be on one side, he proceeded without precaution, and was bitten in the calf of his leg. He represented himself as being immediately disabled. He halloed till some one came to his relief, and was carried on the mission premises, which were at hand. It is supposed that a half hour, perhaps an hour, had passed. The leg, when first seen, was greatly swollen, nearly to the size of his thigh; the skin was tense and hot, with great pain in the surrounding parts. A free incision was made, and the blood pressed out. Stimulants and narcotics were freely given, and recovery succeeded.

“The intensity of the poison has been manifested several times in the case of dogs. One case of this kind came under my immediate notice. Some of the mission scholars had permission to spend an afternoon in hunting. They procured for this purpose a valuable dog from a neighbouring colonist. They had not left the road for the thicket long, before they heard a piercing cry of distress from the dog. They ran immediately to the spot, where they saw this viper, and the dog lying on his back, as if in convulsions. They shot the serpent, and carried them both to the road, by which time the dog was dead. From a minute examination into the circumstances of the case, I was convinced that not more than fifteen minutes could have transpired from the bite, to the death of the dog.

“It may not be irrelevant here to remark, that several cases of bites and stings of venomous reptiles and insects, have come under my notice at Cape Palmas, which I have treated on the principles above stated. I have heard of deaths from these causes, but none have fallen within my observation. One case, that of a colonist, nearly proved fatal, but I supposed it was from the time the poison had to act in the system before he came under treatment. He was a sawyer and was in the act of preparing a log for the saw, when he was bitten by a snake which he observed retreating. Being intent upon his work at the time, he did not get a good view of it, but said it presented a green aspect, probably another species. He had but one companion, who carried him on his back for two or three hours, when he reached my premises. The wound was in the foot; this was greatly swollen, as was also the leg as high as the knee. He seemed to be greatly prostrated and in great pain; vomited several times a light-coloured watery fluid. I immediately administered, in large doses, strong rum and sulphate of morphia, and made a free incision over the wound. So reduced was the vitality of the parts that scarcely any blood flowed at first, but a passive hemorrhage came on subsequently, to stop which the blood vessels had to be taken up and tied. The whole limb up to the groin, became enormously swollen; a bad sore followed from the incision, and the cuticle of the leg, to a great extent, came off. He recovered at the end of three weeks.”

Case of Traumatic Tetanus successfully treated. By S. C. THORNTON, M. D. (*New Jersey Med. Rep.*, Oct. 1848.)—The subject of this case was a robust man 24 years of age, in whom the disease was induced by an injury on the foot caused by wearing a tight boot. Dr. T. immediately bled him to the extent of twenty ounces, and directed hyd. chlorid. mitis gr. x, every two hours, and morph. sulph. gr. $\frac{1}{2}$, every three hours, to be continued till my next visit. In the evening Dr. T. saw him again, and directed the spine rubbed with pure potash, and to be covered with a blister extending from the nape of the neck to the os-coccyx, and to continue the calomel and morphia. The agonies of the patient were now extreme, severe spasms occurring every twelve or fifteen minutes. To allay these, chloroform and sulphuric ether were administered, and directed to be given alternately every hour

during the night, in limited quantities, if circumstances should require it. The moment the patient came under the influence of the ether, he cried out "I am easy now." The paroxysms were not only moderated, but the intervals between them were much longer, so that the poor patient already experienced some relief. Nearly an hour would sometimes elapse between the paroxysms. He was ill for two weeks, during which time he would occasionally suffer from his tetanic symptoms, but good nursing and a steady perseverance in the remedies finally relieved him. The calomel was continued for the first four days; after that, reliance was principally placed upon the sudorific effects of the morphia, and the anæsthetic agents which have been named. He took four hundred and ten grains of calomel; (by which he was freely purged and salivated,) twenty-five grains of morphia, consumed twenty-eight ounces of sulphuric ether, and eight ounces of chloroform.

Ununited Fracture of the Femur of one year's standing, successfully treated by Resection, Denudation, and Retaining the ends of Bone by means of Wire. By DANIEL BRAINARD, M. D., Professor of Surgery in Rush Medical College. (*The North-Western Med. and Surg. Journal*, Aug. and Sept. 1848.)—The subject of this case was a man 34 years of age, who, on the 14th of March, 1847, had his leg fractured, and the knee, leg and ankle of the same side severely bruised by a tree falling on him. There was much bruise at the point of fracture, but the skin was not broken. The limb was laid upon a double inclined plain, the leg enveloped in a roller, and a piece of flannel pinned about the thigh. Extension was made by means of "half a brick" suspended from a cord attached to the foot, and passing over the foot of the bed; and counter extension by means of a "flat-iron" suspended from a cord attached to the pelvis and passing over the head of the bed. At the end of five and a half weeks, the weight attached to the foot was increased to about sixteen pounds, and the limb was placed in a different apparatus. During the whole of the treatment the roller upon the leg was removed every three or four days, and the member at such times subjected to considerable movement. At the end of eleven weeks, the apparatus was taken off, and the patient removed about a mile, and directed to rise and walk on crutches. This, however, he was unable to do. After some time the surgeon examined it and finding it ununited, moved the fragments freely, and re-applied the apparatus for seven weeks.

During the whole of this time the point of fracture remained very tender; and during the night or when it was moved, there was spasmodic action of the muscles, which drew forward the upper fragment, "so that it seemed as if it would come through the skin," and shortened the member very much.

When he applied to Prof. Brainard, about the middle of February, 1848, on examination, the fracture was found to be situated seven inches above the knee, very oblique, the superior fragment placed in front, the ends overlapping, when no extension was made, not less than four inches, and the fragments so movable that they seemed to have no connection with each other or with the surrounding parts. The extremity of the upper fragment in particular, when acted on by the muscles, and drawn inwards, forwards, or outwards, could be felt as if beneath the integuments only, and seemed to move as if in a sac. Both ends could be felt rounded; there was no tenderness, and the member could be bent almost to a right angle at the point of fracture, without giving pain. The member hung dangling, entirely useless; the thigh, from the want of use, and the pressure of an apparatus which he kept buckled around it, was atrophied and attenuated to a remarkable degree, while the foot and leg, from the obstructed circulation, were swollen, œdematous, and indurated, so that it but partially regained its natural appearance when the pressure was removed, and the patient placed in a horizontal position.

On the 1st of March, 1848, with the assistance of Drs. Herrick and Blaney, Dr. Brainard operated in the following manner:—

"An incision was made four and a half inches in length, upon the anterior and exterior side of the thigh, and carried down to the fracture. The ends of the bones were exposed and found to be covered with a tough fibrous tissue of great firmness. This was removed by means of the bone nippers from the end of the lower fragment; the end of the upper piece being very sharp, and having great tendency to project forwards, a chain saw was passed around it, and about an inch of it removed.

Extension being then made, the two extremities were approximated to each other, and a piece of silver wire, (like that used for constricting polypi,) doubled and twisted, was slipped over each end so as to encircle the two bones. The ends of the wire were then twisted together with sufficient firmness to prevent movement without exercising much pressure on the surface of the bones. The limb was then placed in an angular splint, the sides of the wound brought together with stitches of interrupted suture and splints applied so as to restrain its movements. The operation lasted perhaps half an hour, was well borne by the patient, and no vessel required a ligature. It was evidently, so far as the immediate depressing effects were concerned, much less severe than amputation of the thigh. Using the chain saw, instead of turning out the ends of the bones to saw them off, renders the operation less severe. Considerable inflammation followed, which was combatted with antiphlogistic treatment. The wound healed by the first intention excepting at two points of sufficient extent to allow of the escape of matter. On the third day the spasm of the muscles of the thigh, before mentioned as having followed the fracture, occurred, being excited by the slightest touch or motion. It was so severe as to shorten the limb somewhat, and was attended with such violent efforts at displacement as to show conclusively the necessity of the wire, or some equally effective restraining means. The suppuration diminished, the patient's appetite returned, and he was in every way comfortable.

The object of the wire—that of holding the ends of the bone firmly in contact until adhesions might be formed—having been accomplished, it was desirable to remove it. This was done on the 24th of March, as carefully as possible, but some inflammation followed, and on the 4th of April, fluctuation was perceived on the inside of the thigh, and a puncture was made. Under the use of astringent injections, the abscess contracted rapidly, and on the 16th of April there remained only a fistulous opening on the outside, and another on the inside, through which a few drops of serum could be pressed. At the end of twelve weeks he was allowed to move the limb in bed, and in four months he walked on crutches, the union being complete. At the present time, August 1st, he moves the member with great facility; the muscles, atrophied from long inaction and pressure, are being developed by use; and, although considerably shortened, it is far superior to any artificial limb.

Successful Amputation at the Shoulder-joint, for Gunshot Wound—patient under Chloroform. By PAUL F. EVE, M. D., Prof., &c. &c. (*South. Med. and Surg. Journ.*, Nov. 1848.)—The subject of this case was a black boy, accidentally wounded by the discharge of a gun at the distance of a few feet. The lead, which consisted of squirrel shot, entered the left arm about an inch below the acromion process of the scapula, and the shot, after cutting the os humeri nearly in two, passed in the direction of the shoulder-joint and subclavian artery. His pulse, when Dr. E. first saw him, forty-eight hours after the accident, was over 100; his fingers of the injured side he said were benumbed, and he complained of pain in the region of the wound. The arteries of the left upper extremity pulsated distinctly; the age of the patient was eleven; his general health good. His bowels had been moved with salts, and fifty drops of laudanum had also been given to procure ease and sleep.

Amputation having been decided upon in consultation, it was performed—with the assistance of Dr. Dugas who controlled the circulation by pressure on the subclavian artery, and of Dr. Means who administered the chloroform—in the following manner. "The heel of the amputating knife was applied upon the anterior edge of the acromion, and by a continuous sweep around the head of the os humeri, two flaps, one anteriorly and the other posteriorly, were made, and the operation completed by ligating four or five arteries. In carrying the elbow forward, to throw the head of the bone backwards so that the knife might the more easily pass through the joint, the humerus was fractured, so near was its complete division by the shot, which must have entered *en masse*. The time consumed in the amputation, was thus increased by this fracture, but the longest estimate of those present was twenty-two seconds.

"The insensibility," Dr. E. states, "produced by the chloroform was extremely satisfactory; the operation having been performed and the dressing applied without

the knowledge of the patient. He was sitting up on the fourth, and left the surgical infirmary on the seventh day.

"With the exception of some delay from the shortness of the flaps, owing to the destruction of the deltoid muscle by the wound, the discharge of a few shot from it, and some fever created or rather aggravated by worms, he had a good recovery, and is now a hearty, well boy."

Aneurismal Tumour of a branch of the Epigastrium bursting into the Scrotal Sac. By M. Z. KREIDER, M. D., of Lancaster, Ohio.—George Hanstein, aged 48 years, stonecutter, presented himself for relief, June 27th, 1841. The following is the history of this case. About twelve years ago, while engaged in turning a large granite block, one corner of the stone came in violent contact with the os pubis on the left side of the root of the penis. A stinging pain was felt for some time after the accident. A few days afterwards, a small pulsating tumour (about the size of a hazelnut) was found to occupy the seat of the injury. This tumour very slowly enlarged ever since that time, until it attained the size of a large hen-egg. It has at no time been a source of much inconvenience. A week since the man went to bed as usual—about midnight he awakened suddenly, feeling a stinging pain about the place of the tumour, and putting down his hand to the part, was surprised to find that the tumour had disappeared. He soon, however, discovered that the scrotum was much enlarged, and that this enlargement was rapidly augmenting. The following are the dimensions of the scrotum at this time—length two feet; circumference near apex, seventeen inches; at middle twenty-two inches. Upon making an incision into the scrotum upon the left side, a large quantity of partially coagulated arterial blood escaped. Finding that hemorrhage still continued, I dilated the wound upwards and found the bleeding vessel to be a branch of the epigastric—and was the vessel which had been originally injured, forming an aneurism, whose walls giving way, had suffered the blood to escape and find its way into the scrotal sac. The vessel was secured by ligature—the coagula entirely removed from the scrotum, the wound closed by interrupted sutures and adhesive strips—some slight suppuration followed—but in a few days the parts healed and the man speedily and perfectly recovered.—*Ohio Med. and Surg. Journ.*, Nov. 1848.

Fibrous Tumour of the Uterus—Gastrotomy. By Dr. J. DEANE. (*Boston Med. and Surg. Journ.*, Oct. 11th, 1848.)—The subject of this case was a healthy woman, 43 years of age, the mother of several children, who, early in the year of 1847, discovered a small tumour in the left iliac region, which continued to increase. When the patient was seen by Dr. Deane, the tumour was central and occupied the hypogastric and iliac regions, but inclined a little to the left side. It reached from the pubis to the ensiform appendage nearly, and admitted of pretty free lateral movements. It was globular, symmetrical, smooth and solid. Explored by the natural passages it was found to rest upon the pubis in front and the sacrum behind. In the recumbent posture it could be raised upon the finger and a free impulse communicated to it, but in the erect position it was immovable. Its length might be 8 or 9 inches and breadth 5 or 6, and from repeated examinations by Dr. Duncan her family physician and Dr. Deane, the tumour was judged to spring from the left ovary, although they were by no means sure it was not uterine. There appeared to be no deviation in respect to the place and condition of the os uteri, nor were the periodical functions of the uterus interrupted by the proximity of the tumour. It was never attended with pain or tenderness; it appeared suddenly and increased rapidly, but beyond this the local or constitutional disturbances were very slight indeed, and we did not hesitate to regard this morbid growth to be non-malignant as yet. The patient being solicitous to take the perilous alternative of an operation, after its dangers were faithfully set forth, the 6th of June was determined on for that purpose.

As a preliminary measure the patient was desired to abstain from solid nutriment and her bowels were emptied by a laxative. The operation was commenced by an incision upon the left side of the umbilicus and carried down to the pubis, dividing the integuments and aponeurotic tissues to the peritoneum, which was carefully opened to a like extent, when the summit of the tumour was conspicuous. It was round, polished, solid, and traversed with innumerable ves-

sels that communicated a bright colour to its investing membrane. The primary trunks of these vessels were large. In passing the hands into the pelvic cavity to raise the tumour, the intestines escaped with a gush; by this manœuvre it was ascertained that no adhesion existed, and that the tumour was *without a pedicle!* In attempting to raise the mass, the movement was suddenly arrested by the stretch of the broad uterine ligament, but the uterus was nevertheless fairly dislocated and brought into view, when the true character and relations of the tumour were revealed. It was a solid, fibrous tumour of the uterus.

"The difficulties and dangers of the enterprise," says Dr. D., "were now fully apparent. The tumour embraced the entire left half of the uterus, which was enlarged and flattened, and appeared to be imbedded in the tumour rather than to give origin to it. The origin was continued to the left division of the broad ligament, and thereby the position and movements of the tumour were firmly fixed. To prosecute the operation, the necessity of removing the uterus and its appendages was inevitable; for the possibility of separating the tumour from the uterus appeared to be impossible. The tumour received its nutrient vessels from the uterus, and the difficulties of controlling the hemorrhage that must result from division, seemed too appalling to be encountered. A brief conference was therefore held, when it was the unanimous expression that the further prosecution of the operation was impracticable; first, because of the danger of hemorrhage—and second, from collapse or from consecutive inflammation, and we were therefore reduced to the miserable necessity of retracing our steps, and averting the consequences of the mischief we had already done.

"The tumour and intestines were therefore returned to their respective cavities, but not without difficulty, and the wound closed and firmly secured by the interrupted suture, long adhesive dressings, compresses, and over all a firm binder. During this distressing period our patient was unconscious of our doings, chloroform having been previously administered by Dr. Seymour. But this agent exerted a pernicious result. Its first inspirations caused paleness and apparent distress, manifested by low moanings, which continued until the patient was put in bed. But no vomitings or nausea occurred, nor as yet much embarrassment of respiration. Right ovary was in a normal state, but left was not seen. The tumour was an ellipse, and its attachment to the uterus corresponded to its inferior focus. Pulse at commencement, 80; it fell to 72. Temperature 78°. No bleeding of note occurred.

"The propriety of abandoning the operation was fully justified by subsequent events, for the constitutional disturbances that ensued were severe and threatening. These were due to two distinct causes, the inspiration of chloroform and structural injury. For three hours after our patient was placed in bed, her sufferings were intense. Her countenance was pallid, respiration laborious, mind oppressed, and she constantly uttered plaintive moanings. Yet the pulse did not indicate approaching collapse. It had gone up to 90. She finally fell into sleep, and her breathing then became suspended by intervals of alarming duration. For thirty-six hours it was never above four times per minute, oftener but twice, frequently but once, and sometimes the pause was a minute and a quarter. She was for the most part lethargic, and her muscular system was convulsed with incessant twitchings. Occasionally she might be roused from stupor, but instantly relapsed into insensibility. The extremities were cold. To anticipate supervening inflammation, and especially to avert the issue between the inversed order of respiration and circulation, eighteen ounces of blood were drawn, but no sensible effect was produced upon the respiration. At the end of twelve hours the spasms and insensibility had increased; pulse 100, breathing stertorous, fingers livid and abdomen tympanitic. During the succeeding twenty-four hours our apprehensions were truly painful, the pulse still increasing and breathing diminishing in frequency. But at the termination of this period, the respirations rose to twelve in the minute, and the intellect began to be relieved of its oppression, and henceforth the respiration became unembarrassed.

"But the case was yet encompassed with perils, for severe inflammatory action was now established. From 90, the pulse rapidly increased to 140, and even more. The abdomen was tender and full, and would have burst but for vigilant precautions. The tongue was loaded. The severity of the symptoms demanded active treatment, which was of course depletory. But, without narrating particu-

lars, it will be sufficient to say that on the eighth day there were evident signs of amendment, and we dressed the wound for the first time. It had closed, in spite of the distension, except two small spaces at the lower extremity of the incision, from which issued a small quantity of dissolved coagulum. Nothing further particularly occurred to interrupt recovery; in a fortnight, our patient sat up a little, and, finally, although disappointed in our expectations, we were nevertheless unspeakably gratified that the conclusion was no worse."

Case of Labour where Delivery was accomplished through the Perinæum. By S. C. ELLIS, M. D. (*New York Journ. of Med.*, Nov. 1848.)—The subject of this was thirty years of age, in labour with her first child. When Dr. E. arrived the child's head had commenced passing the superior strait of the pelvis, and in an hour or little more it was pressing on the perinæum, which soon became very tense and thin. The expulsive efforts of the uterus seemed to be directed towards the anus, and there was really but little or no distention of the os externum vaginæ.

Fearing laceration, Dr. E. supported the part with his hand, and used all the force that was prudent to induce the head to its proper exit, but it would not be governed by the considerable power applied, and he felt the perinæum gradually giving way under the palm of his hand like a piece of wet paper. He continued, however, to press to the vulva in a desire to save the sphincter ani muscle. All was of no avail, so far as natural delivery was concerned: for another pain drove the child's head through the perinæum, the whole body following instantaneously. Being anxious to see the exact nature of the wound, for the purpose of doing what might be necessary, Dr. E. immediately introduced his hand through the opening and extracted the placenta, which was slightly adherent.

On inspection he found that the laceration began about an inch from the anus: first transverse and running from that on each side of the vulva, making a ragged irregular wound, at least one-half of the vulva, including the entire fourchette, was hanging loose, and so completely detached that in the examination it was turned up and lay over the pubes.

Notwithstanding all this, Dr. E. says he never attended an easier or more quiet labour, and a person in the adjoining room would have scarcely conjectured that another being was making its appearance on the scene of life. The lady complained not, neither had she any idea of the strange manner her fine large child had made his début.

To conclude, Dr. E. placed the parts in position, put a light compress over the wound, after seeing the lochia discharge through the os externum, and in five weeks she was up and about, not experiencing, as she has at various times informed me, the least inconvenience from her rather singular labour.

Had there been a hymen, Dr. E. thinks it would not have been destroyed.

Cases and Remarks upon the use of Chloroform in Natural Labour. By EDWIN B. STIMSON, M. D., Resident Physician of New York Lying-in Asylum. (*New York Journ. of Med.*, Sept. 1848.)—In this paper the author briefly relates ten cases of natural labour in which he administered chloroform. In his remarks on these cases Dr. Stimson says:—

"It may be observed of the foregoing cases,—1st, that the frequency of the pulse was diminished during perfect apathy; it was small, thready, and if the inhalation was continued a few moments longer, became almost imperceptible. 2d. The respiration grew hurried, short, and interrupted; varying, however, with the degree of anæsthesia produced. If the vapour caused sleep only when attendant circumstances were favourable to repose, the breathing was in nowise different from that of natural slumber. But a marked alteration in the function of respiration attended the state of profound insensibility. 3d. The muscular system was relaxed proportionately to the quantity of the vapour inhaled. Without being sensible to pain, the patient sometimes flexed and extended the limbs, or aided an expulsive effort with the action of the abdominal muscles. If at this period she received a few more inhalations in quick succession, her limbs lost all muscular resistance, and the body lay motionless. 4th. If the administration was carried so far that the pulse fell in frequency, the respiration short and hurried, the muscular system lax, and unconsciousness complete, uterine contractions were temporarily suspended. The period of their absence was from fifteen to thirty minutes.

When they reappeared—as they would do notwithstanding the most profound sopor—they were wanting in their original force. Yet, no doubt, their efforts promoted delivery equally with former throes, as with a diminution of force there occurred less resistance from the soft structures of the pelvis. However, such an overpowering impression was seldom necessary for procuring the desirable effects of chloroform,—a few cases of its exhibition in natural labour teaching that the object in view should be rather to tranquilize an excessive susceptibility to painful impressions, than utterly to set aside the power of perception. Especially does this instruction regard the interval between the commencement of apathy and the moment the head is about to glide over the perinæum. 5th. In no case was there an unusual loss of blood; indeed, I believe I never witnessed, successively, the same number of deliveries with so trifling hemorrhage. 6th. In every instance did the uterus expel the placenta within twenty minutes after the birth of the child. 7th. The fetal heart beat whilst in utero the same after as before the administration of the vapour. The children born were vigorous.

“The chloroform has always been inhaled from a handkerchief. This mode is objectionable on two grounds: first, it is wasteful; and secondly, the vapour that escapes sometimes inconveniently affects the attendants. But the facility it offers for introducing the agent under the various circumstances and positions of the patient more than counterbalances the saving an apparatus would ensure.

“For a calm and clear restoration of the mental faculties, it was found very important after withdrawing the vapour, to allow the patient to sleep undisturbed by the least noise or motion. So desirable was it deemed that the patient should sleep until the odour of chloroform was no longer perceptible in the breath, that in one or two instances I kept up the influence of the vapour till the placenta had been expelled, the soiled clothes removed, and the bandage adjusted, leaving no cause for disquietude. If the patient be awakened before she is capable of recognizing her companions, and clearly understanding her new relations, she is likely to remain much longer confused than if she had been left unmolested.

“On the whole, does the experience afforded by the foregoing cases allow us to recommend chloroform in natural labour? It certainly does not prohibit the article. It rather refers the question of its administration to the patient's disposition, so long as our experience does not furnish evidence of an injurious effect. If she chooses to be relieved from pain by a remedy which has the power to do so as its only claim on her consideration, she may have the article administered during the protrusion of the head from the pelvis; and our previous knowledge of chloroform, under similar circumstances, will warrant its exhibition.

“This anæsthetic agent will probably be found more useful in preternatural than in natural labours, if we may estimate its suitableness in certain irregular conditions by its operation in a regular delivery. Thus it may be employed to suspend uterine contraction when the occasion demands version; it may be used in cases of irregular contraction of the uterus retaining the placenta, and for arresting the recurrence of parturient convulsions. There are accidents, too, which are avoided by the use of the vapour; hemorrhage is not as likely to occur with as without it, from its property of reducing vascular activity. Rupture of the uterus will not take place sooner from its influence; and from rendering the nervous system less mobile, convulsions may be averted.”

Statement of fifteen cases of Midwifery in which Chloroform was administered. By GEO. N. BURWELL, M. D., (*Buffalo Med. Journ.*, Nov. 1848.)—The author has administered chloroform in fifteen cases of midwifery. The time he has kept his patient, more or less continuously, under its influence has varied in the different cases from five minutes to one and a half hours. The cases he divides into two classes, according to the degree of anæsthesia produced: 1st, those in which it was total or nearly so; 2d, those in which a perfect knowledge of everything going on was retained, or at least, only momentarily lost. Eight of the cases may be included under the first division. We have not space for the details of these cases, but must content ourselves with the general remarks that there was “a close resemblance in the effects of chloroform upon the system in the *first*, *second* and *fifth* cases. There were in these complete anæsthesia, unaccompanied with any mental aberration, and nearly entire abrogation of the contractile power

of the voluntary muscles. The *third* closely resembles them, except in the slight delirium which accompanied it. The *fourth* case presents the anomaly of the tolerable-free use of chloroform failing to produce any very sensible effect over the system for better or for worse. The second trial with it succeeded better, by lessening the natural expressions of pain, without stopping them, while it destroyed all recollection of any pain. The by-standers feel as though the patient were in pain, and duly sympathize with her, while she herself feels none.

"The *sixth* case is rather anomalous. I can easily fancy that it would be far more difficult for those who were by, to believe that she was insensible to all that was said and done by herself, as well as by others, than it would be for those to whom the case is related. The *seventh* case shows the curious fact, noticed also by others, of pleasant sights, dreams, or emotions occupying the mind of the patient while under the influence of this medicine. In the *eighth* case, the labour was unequivocally hastened, I believe, by the inhalation of the chloroform. In the condition of the mind it shows some resemblance to the sixth case."

The second class comprises seven cases. The results afforded by these fully demonstrate the proposition, Dr. Burwell considers, of the possibility of exhibiting chloroform to a point short of causing unconsciousness, or in anywise interfering with the full use of all her faculties, or the full play of the voluntary muscles; and yet so benumbing the pain as to make it quite easy to be borne. I would add that we can anticipate this result, not only in occasional cases, but I believe, also, in the large majority of cases.

"I would be clearly understood, that in all these cases of the second division, there were expressions of pain or uneasiness with each contraction of the womb; some more and some less; the voluntary muscles were, in all, excited into full action, as is usual when chloroform has not been exhibited. I depend upon two facts to determine the relief they received; 1st, the contrast apparent to all between their suffering before breathing chloroform, and that while under its influence; 2d, their own declarations of decided relief from its use; and their positive assertions that if it be their destiny to have more children, they would be sure to have it again.

"The *fifteenth* case was the least satisfactory, in this respect, of any of the second class; being the only one which did not call for it after having once breathed it, if we happened to be a little dilatory in giving it to them on the recurrence of a pain, or allowed the sponge to get emptied of it."

Case of Puerperal Convulsions treated by Chloroform. By JAMES P. WHITE, M. D.—July 18th, 1848. Was requested by Dr. Devening to see Mrs. Brady, then in labour, and suffering from a violent attack of puerperal convulsions. I found an Irish woman, of full habit, in her third pregnancy, the two previous labours having been favourable. Dr. D. had been with her but a short time; the convulsive paroxysms succeeding each other with great rapidity; the face flushed and pulse full. He had bled her twenty or twenty-four ounces with partial relief. As the pulse continued full, and the muscular efforts during the fits were violent, I deemed it prudent to repeat the bleeding, which was done to about the previous amount. On examination per vaginam, the breach was found occupying the superior strait, the soft parts dilatable and the pelvis roomy. As the convulsions continued with but slight diminution, and the parts were favourable, though the pains were slight, it was deemed prudent to proceed without delay to deliver the child. To secure the tonic contraction of the uterus, and guard against hemorrhage, two drachms of the wine of ergot were given. It occurred to me that chloroform might assist in controlling the woman, and lessening the agitation while making the attempt to bring down the child. Dr. D. accordingly applied some of Chilton's preparation to the nostrils, whilst I introduced my fingers into the vagina, and hooked them into the groin of the fœtus.

The muscular agitation, which before could not be controlled, now subsided, and delivery was effected without difficulty; the uterine contraction continuing to be moderate. After applying such restoratives as were requisite to recover the child from a state of partial asphyxia, I applied a ligature to the cord, and laid it upon the bed. By placing the hand upon the abdomen, it was found to be still distended. Upon the re-introduction of the finger into the vagina, it came in contact with the arm of a second child, which I proceeded to turn and deliver, the

patient inhaling the chloroform, and remaining quiet, with tolerably firm contraction of the uterus upon the hand during the operation. The double placenta and membranes were very soon pushed down into the vagina by the tonic contraction of the uterus, and were removed by Dr. Devening. Very little hemorrhage followed, and the proper bandage being applied, the patient was carefully laid back upon the bed. During the entire period succeeding the application of the anæsthetic agent, the woman was unconscious and calm, but at no time did we carry it so far as to produce stertorous breathing.

21st. The patient comfortable; and consciousness entirely restored. She has no recollection of anything which occurred during her labour after being seized with convulsions. The children are of good size, and doing well.

25th. From Dr. Devening I learn that the woman has so far recovered as to resume her usual domestic duties.—*Buffalo Medical Journal*, Sept. 1848.

Malignant Cholera.—We regret to have to record the fact that this disease, in its progress, has reached our country. It has appeared at two remote points: first at the Quarantine Station at Staten Island, and next at New Orleans. In both places the disease commenced among the passengers of ships, arriving at the above mentioned ports. The history of its occurrence at Staten Island is said (*Annalist*, Dec. 15, 1848) to be this:

"The disease first made its appearance on board the American packet ship New York, when she was near Cape Sable; on the American coast. The ship had left Havre with 345 steerage passengers on board. There was no cholera in that port at the time the ship left, and no sickness among the crew until the time mentioned above, which was sixteen or seventeen days after leaving Havre. The day the disease first appeared on the ship, the barometer had fallen several degrees, and the weather become much warmer. When the ship reached this port, she had on board eight or ten cases, and several had already died. The sick were removed to the quarantine hospital, and the rest of the crew to the storage houses belonging thereto.

"What is very singular, all the cases occurring among the passengers, have been those from Paris, where no cholera existed when they left; while the German passengers, direct from cholera districts, have been entirely exempt."

Since its first appearance the disease has continued to propagate itself up to the present time,—one, two, or three cases occurring daily, but exclusively among the inmates of the hospitals,—the inhabitants of the Island, beyond the quarantine station, being entirely exempt. It has not there exhibited any epidemic character. What is very remarkable, also, is, that one-third of the whole number of patients at the Quarantine Hospital have been children under 14 years of age.

In New Orleans the disease is said to have been introduced by a vessel from Bremen, and at the latest dates it was prevailing to an alarming extent, as many as 201 deaths having been reported from it in two days, (24th and 25th Dec.) It has also manifested itself on board many of the steamboats on the Mississippi River, and has in this way extended up, it is asserted, as high as Vicksburg, and is daily making further progress. It will be something new in the history of epidemics in this country, supposing the cholera to be such, should it reach the north and east in this way, every epidemic of which we have the history having followed an exactly opposite route, commencing at the northeast, and extending to the south and west.

Statistics of the Medical Colleges of the United States for the Session of 1847-48.—It will be perceived that the following table is incomplete, but it is as perfect as the materials furnished enable us to make it.

	No. of Students.	No. of Graduates.
University of Pennsylvania	508	174
Medical College of Harvard University (Boston)		
College of Physic and Surgery (New York)	193	52
Medical Institute of Yale College		12
Medical School of Maine (Brunswick)		16
Vermont Medical College (Woodstock)		
Medical College of Castleton (Vermont)		
Dartmouth Medical College	52	

Berkshire Medical Institution		
Medical Department University of City of New York	421	133
Albany Medical College	88	21
Geneva Medical College		
Medical Department University of Buffalo	93	31
Jefferson Medical College	480	178
Pennsylvania College Medical Department	90	40
Franklin Medical College		
Philadelphia College of Medicine		
University of Maryland		
Washington University of Baltimore		
Medical Department of Columbian College		
University of Virginia	67	
Winchester Medical College		
Medical Department of Hampden Sidney College (Richmond)		
Medical College State of South Carolina	192	78
Medical College of Georgia	151	52
Medical Department University of Louisiana	160	28
Memphis Medical College (Tennessee)	104	22
Medical Department Transylvania University	167	50
Medical Department University of Louisville	406	94
Medical College of Ohio		
Starling Medical College (Columbus)	138	
Medical Department Western Reserve College (Cleveland)	240	
Indiana Medical College (Laporte)	117	27
Medical Department Illinois College		
Rush Medical College (Chicago)	140	31
Medical Department St. Louis University	80	18
Medical Department University of Missouri (St. Louis)	146	39

Medical Literature.—We learn with pleasure that Dr. Stille's work on Therapeutics is in a state of forwardness and that the author will labour industriously at it until completed. The extensive research, discriminating judgment and practical tact of the author are sufficient guarantees that his work will be a valuable one.

Prof. Meigs' *Obstetrics*, with numerous wood-cut illustrations, and also his *Treatise on the Diseases of Infants*, are in press, and their appearance may be looked for shortly. The author's extensive experience cannot fail to furnish much of practical value, and these volumes will doubtless be a valuable contribution to our science.

We are also informed that Dr. Griffith's *Medical Formulary* is nearly ready for the press.

AMERICAN MEDICAL ASSOCIATION.

By desire of the Committee of Arrangements, the undersigned request all Societies and other Institutions, authorized to appoint delegates, to send correct lists of those chosen to attend the *next annual meeting*, to Dr. HENRY J. BOWDITCH, Boston, on or before the 1st of April, 1849.

Editors of Medical Journals are respectfully solicited to circulate the above request, a compliance with which will greatly facilitate the organization of the Delegates when assembled.

ALFRED STILLÉ,
HENRY J. BOWDITCH, } *Sec's of A. M. A.*

☞ The Association, at its meeting in Baltimore, directed that a copy of the Transactions should be sent to such members *only*, as have paid the annual assessment for the present year (three dollars). Those members paying to the Treasurer five dollars are entitled to three copies.

Medical Societies which have been represented in the Association will be furnished copies on the same terms as members (*viz.*, three copies for five dollars) on remitting the amount to the Treasurer.

To other persons the Transactions will be furnished at the rate of two dollars per copy in paper covers, done up for mail, or two dollars and fifty cents in embossed cloth, on remitting the amount direct to Messrs. Lea & Blanchard, Philadelphia. Or orders left with booksellers will be executed by Messrs. Lea & Blanchard.

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CONTRIBUTORS TO THIS VOLUME.

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A. M. BLANTON, M. D., *of Frankfort, Kentucky.*
H. BOND, M. D., *of Philadelphia.*
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F. W. CLEMENT, M. D., *of Delaware.*
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J. YOUNG, M. D., *of Chester, Penn.*

TO READERS AND CORRESPONDENTS.

Though we have largely exceeded our limits, it has been necessary to postpone until our next number, several original articles, two Reviews, and a number of Bibliographical Notices prepared for the present one.

We must request our correspondents who desire their communications to appear in the July No., to forward them early, as that No. will be put to press on the 1st of May.

The following works have been received:—

Medico-Chirurgical Transactions. Published by the Royal Medical and Chirurgical Society of London. Second series, Vol. XIII. London, 1848. (From the Society.)

On the Influenza, or Epidemic Catarrhal Fever of 1847-8. By THOMAS BEVILL PEACOCK, M. D., L.R.C.P., &c. &c. London, John Churchill, 1848. (From the Author.)

The Quarterly Journal of the Chemical Society of London. Edited for the Society by EDMUND RONALDS, Ph. D. Jan. 1849. (In exchange.)

Summary of the Transactions of the College of Physicians of Philadelphia. Sept. 6, 1848, to Jan. 2, 1849, inclusive. (From the College.)

Report of a Joint Special Committee of Select and Common Councils, (appointed on the 7th Dec. 1848,) to whom was referred certain queries contained in a circular letter from the American Medical Association, on the subject of Special Hygiene. Published by order of Councils. Philadelphia, 1849. (From C. A. Poulson, Esq., Chairman of Committee.)

Obstetrics: the Science and the Art. By CHARLES D. MEIGS, M. D., Prof. of Med. and the Diseases of Women and Children in Jefferson Medical College. With 121 illustrations. Philadelphia. Lea & Blanchard, 1849. (From the Publishers.)

On the Cryptogamous origin of Malarious and Epidemic Fevers. By J. K. MITCHELL, A. M., M. D., Prof. of Pract. Med. in the Jefferson Medical College. Philadelphia, Lea & Blanchard, 1849. (From the Author.)

Manual of Physiology. By WILLIAM SENHOUSE KIRKES, M. D., assisted by JAMES PAGET, Lecturer on General Anatomy and Physiology at St. Bartholomew's Hospital. With 118 illustrations on wood. Philadelphia, Lea & Blanchard, 1849. (From the Publishers.)

An Introduction to Practical Chemistry, including Analysis. By JOHN E. BOWMAN, Demonstrator of Chemistry in King's College, London. Philadelphia, Lea & Blanchard, 1849. (From the Publishers.)

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The Medical Examiner and Record of Medical Science. Edited by H. G. SMITH, M.D., and DAVID H. TUCKER, M.D. Jan., Feb., March, 1849.

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FOR APRIL 1849.

ART. I.—*On the Intimate Structure and History of the Articular Cartilages.*
By JOSEPH LEIDY, M. D. (With two plates.)

THE structures entering into the composition of a movable joint, or articulation of the animal body, exhibit the same wonderful adaptation to the end in view, which we see displayed everywhere else in nature.

Joints are absolutely necessary to locomotion, in an animal possessing a skeleton or hard basis of support for the softer organs, for it is by means only of the different segments of the skeleton, whether internal as in the vertebrata, or external as in insecta, crustacea, &c., moving upon each other, through the power residing in the muscles, that all locomotion is produced. If we conceive of one of the higher mammalia, say of man, formed with a skeleton in one piece, at once it alters his whole character. He becomes fixed to one position, the muscles ordinarily concerned in acting upon the segments of the skeleton are no longer of any use, and may be dispensed with. Respiration as ordinarily carried on must cease, the nerve centres concerned in directing the movements would be no longer required,—in fact the animal could not exist as such; but if its vascular system could be prolonged into a soil of nutritive matter, and respiration be carried on at the surface of the body, although ceasing to exist as an animal it would do so as a plant.

If the skeleton be dispensed with, we may have a body capable of moving from place to place, by alternate contraction of different parts of the mass, as in a slug (*Limax*), but the sphere of locomotion of such an animal is necessarily very limited, and could not exist with the well characterized intelligence of an animal higher in the scale.

The movable articulations of the human body are numerous, and present every variety of form of surface in their construction. The articulating surfaces are usually formed upon the expanded extremities of the bones, but in no instance, in a normal condition, do we find the osseous structure entering immediately into their formation, but the opposed surfaces of the articular

extremities of the bones are covered by a lamina of elastic substance, the articular cartilage, which possesses a degree of vitality inferior to that of bone. To this form of cartilage I have more particularly directed my attention, and its history and intimate structure are the subjects of the present memoir.

The perfectly formed or adult articular cartilages are closely moulded upon the articular extremities of the bones, and are inseparably adherent until removed by maceration in dilute muriatic or other acid, when they are readily detached, presenting a surface corresponding to that of the bone from which they were removed; being rough, and presenting beneath a lens, a number of ridges, conical projections and pits, all of which are for the closer adaptation of the structure to the bone. From the foregoing facts, these cartilages are called also cartilages of incrustation.

The free surface of the articular cartilages, or that presented to the interior of the joint is very smooth and glistening, exactly fits the surface of the opposed cartilage, and leaves no interval, except where interarticular cartilages, or synovial doublings, are introduced, and is kept constantly bathed in synovia, the peculiar unctuous serous fluid of the articulations, which, added to the elasticity of the structure, permits these surfaces to move freely and easily upon each other with the least possible degree of friction and attrition, and with the least liability to danger of abrasion; all of which would occur to a comparatively great extent, if the harder and less elastic surfaces of the bones were to come in immediate contact.

The articular cartilages vary in thickness in the different articulations, being thickest in those which are most movable, and most subject to attrition. The greatest thickness they reach, which is in the knee or hip-joint, is from one and a half to two lines. An articular cartilage also varies in thickness, in different parts of its extent, and thus its two surfaces are never entirely parallel with each other, for, as a general rule, upon a convex articular face of bone we find the cartilage forming a thin edge at its circumference, and gradually becoming thicker towards the centre, and upon a concave surface the reverse arrangement taking place, being thin in the centre, and gradually increasing in thickness towards the circumference, where it is again reduced to a thin edge.

When separated from the bone, the articular cartilage may be readily bent double without breaking, and in fact it usually requires some force to break it. The course of the fracture is always perpendicular to the surfaces, and the broken edge presents a fibrous appearance, in the same direction, and in some cases it appears laminated, especially near the free surface of the cartilage.

Articular cartilages are of a pearly white colour; where thin they are opalescent or bluish white and translucent; sometimes they have a tinge of yellow, which is occasionally deepened, apparently by the imbibition of colouring matter from the synovia; more rarely they present a pinkish tinge.

From their firmness, toughness, flexibility, and high degree of elasticity, besides being less liable to abrasion or other accident, the articular cartilages

perform an important function in diminishing the violence of blows or shocks, under many circumstances, serving as so many points of reaction when the extremities of the bones are suddenly or violently forced against one another, as in falls upon the feet, &c.

They are totally non-vascular; the arterial vessels in their vicinity, after approaching their attached surface and circumference, turn back to the venous trunks. The vascular circle formed at the circumference of the articular cartilage was called by Wm. Hunter,* the *circulus articuli vasculosus*. The blood-vessels of this circle pass a little way over the edge of the cartilage, and stop a little short of the angle formed by the attachment of the synovial membrane to the latter. These vessels are convoluted, and form loops which are much dilated, an arrangement first pointed out by Mr. Toynbee.† The vessels which approach the attached surface of the cartilage, according to Mr. Toynbee,‡ are numerous and large, and are separated from it by a delicate lamella of bone.

The advantage which the articular cartilages possess in their non-vascularity is very great, in their immunity from the many accidents which a vascular tissue would be liable to in a similar position, where the parts are so much exposed to sources of irritation.

Nor is it probable that lymphatics exist in them; their vital activity is not very great, and if there is any interstitial destruction at all, the molecules so separated, may exosmose from the cartilage dissolved in the effete fluid derived from the nutritive fluid of the tissue.

These cartilages are destitute of nerves;—at least they are perfectly insensible, for I have several times sliced away, wrenched, torn, and twisted the articular cartilage from the head of the tibia of a rabbit and a cat, without the animals evincing the slightest indication of pain, and although I have followed the course of filaments from branches of the articular nerves as far as the fine areolar tissue at the edge of the articular cartilages, yet I have never been able to detect the slightest appearance of a filament entering the cartilaginous structure.

Intimate Structure of the Articular Cartilaginous Tissue.—The older anatomists considered the articular cartilage to be homogeneous in its character, or to be composed of fibres arising from the surface of the bone, and terminating at the free surface of the cartilage, which condition was proved by the latter always breaking in a determinate direction, the fractured edge presenting a fibrous or columnar appearance, comparable to the arrangement of the enamel structure upon the body of the tooth, and from its being resolvable into

* Of the Structure and Diseases of Articular Cartilages, by Wm. Hunter, Surgeon. Phil. Trans., vol. xlii. 1742–43, p. 514. London.

† On the Organization and Nutrition of Non-vascular Animal Tissues. Phil. Trans., 1841, p. 159. London.

‡ Ibid., p. 173.

separated filaments by maceration. How far this opinion is true will be seen in the course of our investigations.

When a thin section of the articular cartilage is submitted to the microscope, two distinct parts, or structures, are observable in it; organic cells, or cartilage cells or corpuscles, and an intercellular substance, or matrix.*

Cartilage Corpuscles, (Plates I. and II.)—These bodies are solid nucleolo-nucleated cells, imbedded in the cartilage matrix, and varying in a slight degree in different parts of the articular cartilage. A few of them are single or isolated, but most usually they are found in groups of two, up to twenty-two, the latter being the highest number I met with. The groups are arranged in single, double, triple, or quadruple rows, the direction of which, in the deep part of the cartilage, or that nearest the surface of attachment, is perpendicular (Plate I. Fig. 1, *e*) to the surfaces, for the most part, but as they approach the free surface, they become more or less oblique (*d*) and even irregular, and finally, near the free surface, become parallel (*c*) with the latter, or at right angles with the deeper groups. The arrangement of the cell groups is considered by most modern anatomists to be the cause of fracture of the cartilage, in a determinate direction; perpendicular to the surfaces in the deeper part, and parallel with the same at the free surface. The groups of cells are comparatively few in number in the deep part of the cartilage, or the intervening matrix is in greater abundance, but they gradually increase in number as they approach the free surface, near which they are found quite crowded, and with little intervening matrix.

The deeper groups (Plate I. Figs. 2 and 3) of cells are composed of a greater number of individual cells, than those existing more superficially, and in the stratum of cartilage forming the free surface, (Plate II. Fig. 1,) single or isolated cells are more numerous than in any other part of the cartilage, and the most frequent groups are composed of two or three cells,—rarely a group containing more than six is found.

The cells when single or isolated, are round or elliptical in outline, but when grouped, they are flattened or have the appearance of compression upon the sides presented to each other, and rounded at the circumference of the group, with the two end cells frequently elongated, or even brought to a point.

* A striking analogy exists between the articular cartilaginous structure, and some of the algaous forms of vegetable life; thus, the *Conferva mucosa*? Mert, (*Harvey, Manual British Algæ*, London, 1841,) which is found growing in the little stream running through the swamp at Kaign's Point, N. J., just below Philadelphia, consists of filaments or rows of cells enveloped in a transparent mucoid substance, corresponding to the cell groups and matrix of the articular cartilage. The cells are sometimes filled with endochrome, in other instances the latter is contracted into a mass occupying the centre of the cell, while the interspace is filled with transparent matter, and the endochrome contains a nucleus rendered visible by iodine, in all which respects exhibiting a resemblance to the analogous points of structure of articular cartilage.

In the deeper part of the cartilage, the diameter of the cells in different directions varies but little, and averages the $\frac{1}{2000}$ th of an inch in their long diameter, and the $\frac{1}{2270}$ th of an inch in their shortest diameter; but in the superficial stratum of cartilage, the cells or groups of cells (Plate II. Fig. 1, and Fig. 2, a) are much flattened parallel with the surfaces of the cartilage, appear large and broad when viewed in this direction, and measure upon an average the $\frac{1}{600}$ th of an inch long, while the edges of the cells or groups, when viewed in a vertical section of the cartilage (Plate II. Fig. 2 b, and Fig. 3,) appear very narrow and lenticulo-linear in outline, and measure in thickness on an average $\frac{1}{2270}$ th of an inch.

When a thin section of the cartilage is viewed beneath the microscope, the cell-groups are observed to produce a shaded ring, in their vicinity, in the matrix, and when well-defined, they appear surrounded by a clearer or more translucent wall or outline than the matrix; but when within the focus a little, they appear surrounded by a dark outline or boundary. The outlines of the individual cells, where they approach, or are in contact in the groups, are often indistinct, but may always be distinguished by a shaded line passing in and indicating the interval.

In structure, the cells present points of difference in different parts of the cartilage.

The cell wall appears blended or fused with the intercellular substance, and can be studied as a distinct structure only in the very early condition of the cell.

The cell contents (Plate I. Figs. 2 and 3) usually consists of a translucent homogeneous, or at most an indistinctly and very minutely granular substance, with a more or less central mass of distinctly coarser and darker granular matter, which is generally considered to be the nucleus, but the true character of which will be indicated hereafter. This mass contains a transparent, round or oval nucleus, which is brought into view and coloured brown, by the application of tincture of iodine. The mass also frequently contains fat granules or globules. It is larger in the more superficial than in the deeper cells, measuring in the former on an average the $\frac{1}{2000}$ th of an inch in diameter, in the latter, the $\frac{1}{3448}$ th of an inch. Generally the more superficial layers of cells have not this isolated mass, but are filled (Plate II. Figs. 1, 2, and 3) with finely granular contents interspersed with numerous darker and well-defined granules measuring about the $\frac{1}{21730}$ th of an inch. These granules have a black outline, resembling very much fine fat granules, and some of them appear to be really such, for after macerating the cartilage a few days in water, I have noticed a number of them to become aggregated into one or more globules having all the appearances of oil. In these superficial cells the nucleus is large and distinct, round or elliptical, very finely but distinctly granular, and contains about its centre a transparent, but often indistinct nucleolus. In some instances I have noticed the larger and distinct granules of the last mentioned cells forming a circle (Plate II. Figs. 1, 2, and 3), more or less broken

or defined, a short distance from the nucleus, and giving the latter the appearance as if contained within a larger but much less distinct nuclear body. Sometimes this arrangement is quite distinct, but usually it can be but faintly seen.

In other cases the cells of the superficial stratum of the cartilage present the same appearance as the deeper cells, excepting that they are more flattened in a direction parallel to the surface, and the interior granular mass is larger.

In not unfrequent instances, I have noticed in the most superficial stratum of some of the articular cartilages, large, flattened cells, or cell-groups, sometimes with the outline indistinctly delineated, and with nothing distinguishable, excepting finely and indistinctly granular contents, appearing like cells which have been rubbed out in the attrition of the opposed surfaces of the cartilages.

Less frequently I have observed immediately beneath the free surface of the cartilage, and too deep to be influenced by friction, cells (Plate I. Figs. 7 and 8) large and flattened, most usually isolated, or in pairs, finely and indistinctly granular, without apparent nucleus or other more distinct body, or with the apparent formation of a nucleus from the aggregation of the finer granules around a larger, transparent, and very distinct granule or nucleolus. The nuclear appearance was most distinct in the paired cells. What is the character of this variety of articular cartilage cells? Are they cells in the process of development?

Cartilage Matrix, or the intercellular substance of the articular cartilage is, as previously mentioned, in comparison with the cartilage corpuscles, most abundant in its deeper part. It is in thin sections translucent, but not to the same extent as the cell contents between the cell wall and central mass, when the latter exists, and it usually has a faint yellowish hue. Most commonly it has a more or less finely granular appearance, and has generally been described as a homogeneous hyaline, or a finely granular substance, but although it may have the latter as an ultimate arrangement, yet from numerous and carefully repeated observations, I am fully convinced that it has a filamentous structure.* These filaments (Plate I. Fig. 4) are exceedingly fine, but possess considerable strength, and are pretty uniform in size, having an average measurement of the $\frac{1}{25000}$ th of an inch in diameter. The largest I measured, which are few in number, measured the $\frac{1}{20000}$ th of an inch, the smallest, the $\frac{1}{30000}$ th of an inch. When viewed by light thrown upon them with considerable obliquity, they appear faintly granular, each filament composed of a single row of very fine granules. Acetic acid produces no apparent influence upon them; potassa renders them more translucent and faint; and iodine stains them yellow.

* Proceedings Academy of Natural Sciences of Philadelphia, vol. iv. No. vi., 1848.

These filaments lie parallel with one another, they adhere very tenaciously together and under ordinary circumstances are hardly demonstrable, although I have occasionally seen them at the ends of a torn shred of articular cartilage. But if an articular cartilage be taken from a bone which has undergone maceration in diluted muriatic acid to remove its earthy constituents, and be broken, and from the fractured edge a fibre or shred delicate enough to transmit light, be torn off with a pair of fine-pointed forceps, and be submitted in the ordinary manner to the microscope, using the one-fourth or one-twelfth of an inch object glass, numerous, detached and exceedingly delicate, spider-thread-like filaments will be readily detected along the whole length of the sides of the shred. In making this observation it may be frequently noticed, that in tearing off fine shreds of the cartilage, if a group of cells has been in the course of the rupture, it will be torn through, which alone would be sufficient to indicate that the fracture of articular cartilage in a definite direction does not depend upon the arrangement of the cell groups. Besides this, straight fibres are frequently torn loose in the deeper part of the cartilage where the matrix is most abundant without coming in contact on either side with cell groups, and it is now sufficiently evident that the latter have little or no influence in determining the course of fracture, but that it is entirely due to the filamentary arrangement of the matrix.

This filamentous structure of the articular cartilages, though not so intimately understood as presented above, was nevertheless pretty satisfactorily known to exist; "thus," Wm. Hunter says, "we may compare the texture of a cartilage (articular) to the pile of velvet, its fibres rising up from the bone, as the silky threads of that rise from the woven cloth or basis;"* and M. de Lâsone also says, "si l'on veut examiner le cartilage qui encroûte la tête du fémur, il faut commencer par diviser verticalement cette tête en deux parties, et les soumettre ensuite à la coction; alors on reconnoît que l'arcade ou l'espace de ceintre que forme la portion cartilagineuse qui encroûte l'os, n'est qu'une multitude des petits filets adossés et liés les unes aux autres, tous perpendiculaires au plan de l'os."† Mr. W. Hunter also supposed the perpendicular fibres to be held together by transverse ones so as to "make the whole a solid body," and these "being very tender," in macerating the cartilage, they are destroyed, leaving the perpendicular ones detached from one another. No filaments of this character are to be detected by means of the microscope.

It is well known that if an articular cartilage be forcibly broken through, the fragments will adhere by a thin stratum of membrane covering its free surface. This membranous layer is readily detached by tearing the fragments from each other, and it was considered by the older anatomists to be the synovial membrane. Having all the characters of cartilage, its disposition by

* On the Structure and Diseases of Articular Cartilages. By Wm. Hunter, Surgeon. Philosoph. Transac., vol. xlii. p. 514. London, 1742, '43.

† Second Memoire sur l'organisation des os. Par M. de Lâsone. Mem. de l'Acad. Roy. des Sci., tom. 69, Paris, 1752.

modern anatomists, is believed to depend upon the arrangement of its cell groups, which, as before mentioned, are parallel to the free surface of the cartilage. But instead of its membraniform condition depending upon the course of its cell groups I find it to result from the structure of its matrix, which has also a filamentary arrangement like that of the deeper part of the cartilage, the filaments, however, taking a course at right angles to those of the deeper cartilage and parallel to the surface.

In neither case, then, do the groups or columns of cells determine the course of rupture of the articular cartilage, but on the contrary, it is the filamentary arrangement of the cartilaginous matrix which influences the direction of the cell groups, for in the development of the latter, from the division of the primitive or original cartilage cells, they take the direction in which there is least resistance, which would be in the direction of the length of the filaments of the matrix; hence, in the deeper part of the articular cartilage, as a general rule, we find the cell groups and filaments of the matrix both vertical to the surface but, in the superficial stratum, they are parallel to the surface or at right angles to the former.

Synovial Membrane in its Relation to the Articular Cartilage.—It has been a subject of much discussion among anatomists whether the free surface of the articular cartilage is covered by a reflection of the synovial membrane or not. Wm. Hunter, Sæmmering, Bichat, and many others assert and have tried to demonstrate its existence, but they have evidently mistaken the lamina of cartilage forming the free surface of the articular cartilage for it, while Cruveilhier, Magendie, Velpeau, &c., doubt its existence from pathological and physiological observations. In my observations I have always failed to detect the slightest trace of synovial membrane, in the adult, upon the free surface of the articular cartilage, or even the appearance of a basement membrane; for in all cases, no matter how thin the lamina was which was torn from the articular surface, it presented the indistinctly granular, or, when treated as I have before mentioned, the finely filamentous structure of the cartilage matrix. It appears to terminate at the circumference of the articular cartilage a very little beyond or in advance of the *circulus articuli vasculosus*. In the foetal state it exists in a very distinct state, covering the surface of the epiphysal cartilages, and may be readily distinguished by its flattened epithelial, nucleated cells, beneath which can also be readily detected a transparent, homogeneous basement membrane. But after birth in the progress of growth of the articular cartilages, it appears to be destroyed by pressure and attrition and probably from the retiring of the surface vessels towards the circumference. It appears to be progressively removed from the centre to the circumference of the cartilage, but always to remain a little in advance of the *circulus articuli vasculosus*.

Occasional Peculiarities in the Structure of the Articular Cartilages.—In

several instances, I have noticed in some of these cartilages what appeared to me to be numerous minute lacunæ, and I have now in my possession an articular cartilage (Plate I. Figs. 2 and 4) from the condyles of an os femoris exhibiting this structure. They exist in greatest abundance in the deeper part of the cartilage, gradually decrease in number, as the free surface is approached, and disappear entirely in the superficial fourth of the cartilage. They are lenticular in outline, invariably situated with their long diameter parallel to the surfaces of the cartilage, or at right angles to the filamentary intercellular substance, in which they are directly placed. The longest measure the $\frac{1}{1200}$ th of an inch, the shortest the $\frac{1}{3125}$ th of an inch; the short diameter is about the $\frac{1}{6250}$ th of an inch. When well defined, beneath the microscope, they appear more translucent than the cartilaginous matrix in which they are situated, and when viewed a little within the focus of the instrument, they appear deep black, or oppose the transmission of all light.

Another peculiarity (Plate I. Figs. 5 and 6) which I have occasionally noticed, is the existence of fibres or columns of bone penetrating the structure of the cartilage,—I have in my possession an articular cartilage from the head of an os femoris presenting this character. These fibres are generally found pervading the cartilage near its surface of attachment, but are not the continuation of the bony structure upon which the cartilage is placed, for they are invariably arranged in a direction parallel to the surfaces. They are quite uniform in shape and structure, being compressed, cylindrical, in transverse section presenting an elliptical figure the long diameter of which is placed parallel to the surfaces of the cartilage or at right angles to the filaments of the matrix in which they are situated. They are not numerous, and vary from a size not exceeding a cell group of five cells to the size of four or five such groups. They are concentrically laminated, and also present a radiated conformation, resembling somewhat the structure of an Haversian ossicle, but neither present the canal nor the Purkinjean corpuscles.

Development and Growth of the Articular Cartilages.—The articular cartilages as a distinct structure are not perceptible so long as the epiphyses and articular extremities of the bones are not ossified, consequently they do not exist during foetal life or for a considerable period after birth. At birth if an epiphysal extremity of a long bone be cut vertically through, it will be observed that the cartilage of the epiphyses extends to the synovial membrane and that there is not the slightest trace of a line of demarcation between the two varieties of cartilage. If the section be more carefully examined, a number of branching canals will be observed ramifying through the cartilage, many of which approach its articular surface but are in all cases separated from it by a thin lamina of the cartilage containing no canals. This thin lamina is the first appearance of the articular cartilage, but presents no distinction of structure at this period from the mass of cartilage of the epiphysis. The canals of the epiphysal cartilage contain blood-vessels, which,

according to Mr. Toynbee,* have a very peculiar disposition, consisting of arteries terminating in dilatations, or in convoluted branches, from which the veins arise. In the process of ossification and increase in size of the epiphyseal cartilage, the developing articular cartilage appears to be pushed before it, resulting from an interstitial growth depending upon the division of the primary cartilage cells, the probable development of others, and the increase of the matrix or intercellular substance. When the articular surface cartilage (Plate II. Fig. 5) of a cartilaginous epiphysis is examined microscopically, it is found to have all the characters of the latter, and at an early period of foetal life consists of a translucent, hyaline substance, in which are diffused with considerable uniformity, rounded or elliptical, isolated, nucleolo-nucleated cells, separated from one another by interspaces less than their own diameter. They vary to a moderate degree in size, and average about the $\frac{1}{785}$ th of an inch in diameter. The cell contents forms a mass rather darker than the intercellular matrix, the reverse of what is the case in the perfected articular cartilage. It is finely granular, with an intermixture of coarser and more defined granules, some of which appear to be oleic in character. The nucleus is round or oval, varies a little in diameter, averaging about the $\frac{1}{3370}$ th of an inch, and is very finely granular in structure. Sometimes there are two nuclei, sometimes separated and distant, at others, approached, flattened upon the opposed sides, and apparently having originated from the division of a single nucleus. The nucleus contains a more consistent, translucent nucleolus, readily brought into view by the tincture of iodine, and measuring about the $\frac{1}{11111}$ th of an inch. The intercellular substance is comparatively soft, very translucent, and homogeneous. As the articular cartilage advances in its development, the intercellular matrix increases in quantity, separating the cells at greater distances apart, and acquires a firmer consistence. It becomes faintly granular, which after a time becomes more decided, though indistinct at any time without a good defining power, and finally takes on the peculiar filamentous arrangement described in a previous part of this memoir.

But the question arises how does this intercellular substance increase in quantity? Is it a direct deposit of imbibed matter from the liquor sanguinis in the vicinity of the cartilage, or is it produced through the agency of the cartilage corpuscles, or organic cells of the tissue? Recollecting that the liquor sanguinis does not contain dissolved cartilage, it cannot be a direct deposit; but may not the cartilaginous molecules already produced, convert an assimilative substance into molecules of a similar character, chemical and physical? The latter is probable, but it is easier to suppose it to be formed from imbibed albumen, through the agency of the cartilage cells, in the same manner that it originally results from the albumen ovi, probably through the agency of cells, the earliest cartilage cells, which have been the offspring retaining part of the organizing force of the Purkinjean vesicle. As it is

* Phil. Trans., 1841, p. 166.

certain that cartilage tissue is produced from albumen, it is worthy of inquiry whether the organic cells of the cartilage are capable of fixing a material thus transformed in their vicinity. If it can be demonstrated that such a power exists in organic cells in any part of the organic kingdom, we may feel assured that it prevails throughout. Turning back then, in vitality's great book, to the first few pages, we discover some very simple expositors of the question at issue. Thus, if we examine several of the families of Chlorospermeæ, the oscillatoriae, ulvaceæ, nostochineæ, &c., we find numerous zooid plants, some of the simplest forms in the organic kingdom, consisting of single rows of organic cells, enveloped in a mucoid substance, and swimming in water or flourishing in humid situations. When the green spores, single organic cells filled with endochrome and containing a nucleus, are discharged from a parent cell, they accumulate and fix around themselves a mass of mucoid substance from the nutritive matter floating in the element around them. The spore develops a perfect plant, a mere filament or row, or a lamina of cells, continues to accumulate mucoid matter around it, until the latter is frequently several times the diameter of the plant itself. Retaining its organic activity it produces spores, which are to be discharged, and undergo the same progressive changes. Perceiving, then, that these cells can collect and fix matter around them, and continue to operate upon imbibed nutritive fluid, it is rendered probable that an analogous process may be carried on in the denser cartilage, since the latter, as is well known, is capable of imbibing nutritive fluid.

Whether the surrounding matter is formed within the cells and then exosmosed, or whether the cell life extends its formative power beyond the precincts of the cell wall, remains a question, but I think both are probable.

The cartilage cells at the early period of development are easily detached from the matrix, but at a later period the cell wall fuses or blends itself with the intercellular substance, but even after this the granular cell contents is easily detached in a single mass (Plate II. Fig. 4), appearing to be retained together by a delicate protoplasmatic envelop, corresponding to the primordial utricle of vegetable cells. Of the existence of such a structure in some animal cells I am well convinced, and hope to prove in a future memoir on the subject.

After the cartilage matrix has taken on itself the granulo-filamentous structure, the cartilage cells increase in number by division, and probably also by the origination of new cells. In studying the development of the groups of cells of the perfected articular cartilage, the steps of progress, as noticed at several periods during the growth of the latter, appear to be as follows:

The simple isolated cartilage cells are found to become somewhat elongated, (Plate II. Fig. 6,) then at the sides to present the appearance of an indentation. The nucleus has a central position, and then a faint dividing line, (Pl. II. Fig. 7,) more translucent than the other parts of the cell, is observed crossing the short diameter of the cell; resembling somewhat the transverse line of dehiscence of an ovise. By varying the focus of the microscope, it is found that this

line penetrates as a plane through the cell. The next change (Plate II. Figs. 8 and 11) which is remarked, is the retiring of the granular cell contents from the inner parietes of the cell wall, excepting where in contact with the dividing line of the cell. The cell wall has now become blended with the intercellular substance, and the latter also occupies a position between the inner surface of the cell wall, with which it also blends, and the retiring cell contents. The cell contents, (Plate II. Fig. 9,) at this period distinctly presents itself divided into two masses, corresponding to the previously mentioned line passing through the cell, and each mass contracts itself with the contained half of the original nucleus, towards the centre of its respective cell.

From the uniformity with which the granular cell contents contracts, holding all its contained parts together, granules, nucleus, and fat globules, I am strongly impressed with the idea that it has a protoplasmatic envelop or primordial utricle. In vegetable cells we frequently observe the same mode of retiring of the granules of endochrome retained together by the delicate, transparent, mucoid envelop, the primordial utricle, and, as is well known, this may be produced by artificial means, which I find to be also the case with the cartilage cells, for I have observed the cell contents slightly and very gradually contract in a single mass upon the application of tincture of iodine, or even under the long-continued imbibition of water.

Whether the division of the nucleus precedes that of the cell, or the reverse, still remains a problem. Cartilage cells are not unfrequently observed containing a nucleus apparently in progress of division, and others, with a pair of nuclei near each other, and flattened upon the opposed sides, having the appearance as if the result of division of a primitive nucleus, without the slightest trace of any disposition of the cells to divide themselves. In other instances I have detected cells presenting a slight parietal indentation, without any similar appearance of the nucleus, and in all other cases, when the cell exhibited signs of division, a corresponding change was invariably observed in the nucleus.

The pair of cartilage cells which have originated from the primary cell, increase in size by the assimilation of nutritive matter, and undergo the same division as just described, until groups are formed as found existing in the perfected cartilage. The cell contents continually retire, but at the same time appear to partake in the general nutrition of the cell, until in the cell group we find the masses generally central, frequently irregular in outline, and containing more or less oil globules, and one or two nuclei, and in this state have been generally mistaken for the nuclei of the cartilage cells.

The cells, in their progressive division, do so generally in the same line, but also very frequently divide, laterally, so that the pair of cells resulting from the division of the first, may either form a row (Plate II. Figs. 12 and 13) of four or a group of four, (Plate II. Fig. 10,) and continue in this manner. The cause determining the arrangement of the cells into rows instead of

masses, has already been referred to; the least resistance to their extension being parallel with the filaments of the cartilage matrix.

The irregularity which exists in certain of the cell groups, especially in the stratum lying about one-fifth the thickness of the articular cartilage below its free surface, probably depends in some degree upon the pressure of the opposed cartilages of the joints. I do not mean by this that a sudden push would knock the deeper groups out of a vertical line, but I think during the progress of division of the cells and extension of the groups, a frequently repeated or moderately continued pressure exerted upon the free surface of the cartilage, would give them a tendency to incline to one or the other side, and hence their obliquity, or curved or irregular character from the ordinary line in a part of the cartilage most influenced by the pressure.

Of the Nutrition of the Articular Cartilages.—It has been already sufficiently proved (by the continual increase of the intercellular substance, and division and increase in size of the cartilage cells), that during its development and growth, the articular cartilage possesses an interstitial nutrition, but the question arises, after the cartilage is fully formed, is there a constant interstitial waste and repair of the cartilaginous element, as is the case in most organic tissues? M. Cruveilhier says, “les cartilages diarthrodiaux ne presentent aucune trace d’organisation,”* from which assertion it is evident that the existence of blood-vessels in a structure, is considered the necessity of organization, an error into which the older anatomists continually fell into. But we now are certain that these are only a provision for carrying a nutritive material within the sphere of action of those bodies which are the grand characteristic of organization, the organic cells, and that they are not necessary to organization, or even organic activity, but only to particular forms of it. It is the constant supply of a nutritive fluid which is essential to the active condition of the vital force residing in the organic cells, no matter whether the fluid be conveyed to them by channels (blood-vessels) excavated in the mass, or whether it be obtained by imbibition from the surface of the latter. Does not the stomach of a Hydra prepare a fluid as capable of digesting materials as that of man? and although the entire animal does not possess a single blood-vessel, who will say that this organ presents less the phenomena of organization than the corresponding one in man?

When an animal or plant is small, simple in structure, or possesses few and minute, or very simple organs, it is sufficient that the body or organs be bathed in a nutritive fluid, from the surfaces of which it may be imbibed, to present all the phenomena of vital action; but when the being becomes massive or complex, from numerous organs which are massive, blood-vessels become necessary, or rather channels which divide the masses into a surface of contact for the nutritious fluid, of greater or lesser extent, depending upon the

* Obs. sur les Cart. Diarth., *Arch. Gén. de Méd.*, vol. iv. p. 162.

degree of organic activity displayed by the organs, which is indicated by the amount of nutritive fluid they require.

If, then, we perceive an algaous plant, or simply constructed animal, capable of obtaining nutritive matter from the water in which they are bathed, or the lichen from the rarer atmosphere in which it exists, without blood-vessels pervading their structure, is it not probable that in more complex animals we may have simple structures nourished in a similar manner? The articular cartilage appears to be such an one, without blood-vessels it is bathed by fluid exosmosing from the vessels beneath its attached surface, from the *circulus vasculosus* at its circumference, and especially by the synovia upon its free surface. I have said especially the synovia, an idea which may at first view appear preposterous, but which with a little consideration will appear at least quite probable.

We find all the conditions of a nutritive fluid due to the articular cartilage in the synovia, and it is particularly rich in albumen, the main element of nutrition of the cartilage.

From several experiments I find the articular cartilages are quite capable of imbibing the synovial fluid. Thus I collected the synovia from several joints of a calf in a vessel, and upon drying an articular cartilage, and then immersing it in the synovia, I found it gradually to imbibe the fluid, and resume its former appearance. Somewhat similar experiments I tried upon several living animals,—a rabbit and a pigeon. When a joint was opened, and the articular extremity of the bone protruded and allowed to dry, which it does pretty rapidly, upon reducing the dislocation, and examining it again after a little while, and cutting vertically through the articular cartilage, I found it had imbibed fluid from both surfaces, while a thin layer on the interior was still dry.

Another experiment showed me that imbibition takes place with considerable power in this tissue. I took four pieces of articular cartilage, each about one inch square, and two lines in thickness, permitted them to dry, by which they shrunk to a little more than one line in thickness, placed them in a vessel of water, and rested upon them a stage loaded with nearly ten pounds. The next day, upon removing the stage, I found the pieces had resumed their former bulk, thus having imbibed the water with a power sufficient to raise ten pounds nearly one line, and I have no doubt the power is much greater, but how much more so, it was not convenient at the time of my experiment to determine.

But, besides mere imbibition, we have all the conditions of that remarkable modification of the phenomenon, endosmosis, present in the articular cartilage, and even to its greatest intensity. Dutrochet proved long ago that albumen dissolved in water produces endosmosis with a degree of force not paralleled by any other organic substance, under ordinary circumstances.

The synovia presents a highly inspissated albuminous fluid separated by the articular cartilage from the much thinner liquor sanguinis of the vessels be-

neath. In such a condition, having proved the power of imbibition of synovia in the living animal, a constant endosmosing current must exist from without, and an exosmosing one from within.

Having introduced some saturated solution of ferrocyanide of potassium into the articulation of the knee of a living rabbit, a short time after it was indicated in the interior of the tibia by producing a precipitate with sulphate of iron. The same experiment I repeated upon a pigeon, and with like results.

During the passage of the currents of fluid through the articular cartilage, nutritive or organizable in character, if any activity still exists in the life seats, the phenomena of nutrition must be the result.

From the microscopic appearance of the cartilage, we observe that from various interstitial changes, the organic cells must retain at least a part of their wonted activity.

When we consider the amount of rubbing of one articular surface upon another in a movable joint, like that of the knee or hip, under the pressure of the superincumbent mass, from year to year, we cannot help thinking that the wear of the articular cartilages must be more considerable than is generally supposed, although we really perceive but the slightest degree of diminution after a lapse of many years, and even in advanced age, I have frequently noticed hardly any decrease in their thickness. The soft lips of the devotee in a few years will leave a deep impression upon a sacred marble, and I think a walk of some miles per day, through several years, will detach molecules enough from the surface of the articular cartilages, although they are kept constantly lubricated by a substance so well adapted to remove friction, to require a renewal of structure through the process of nutrition.

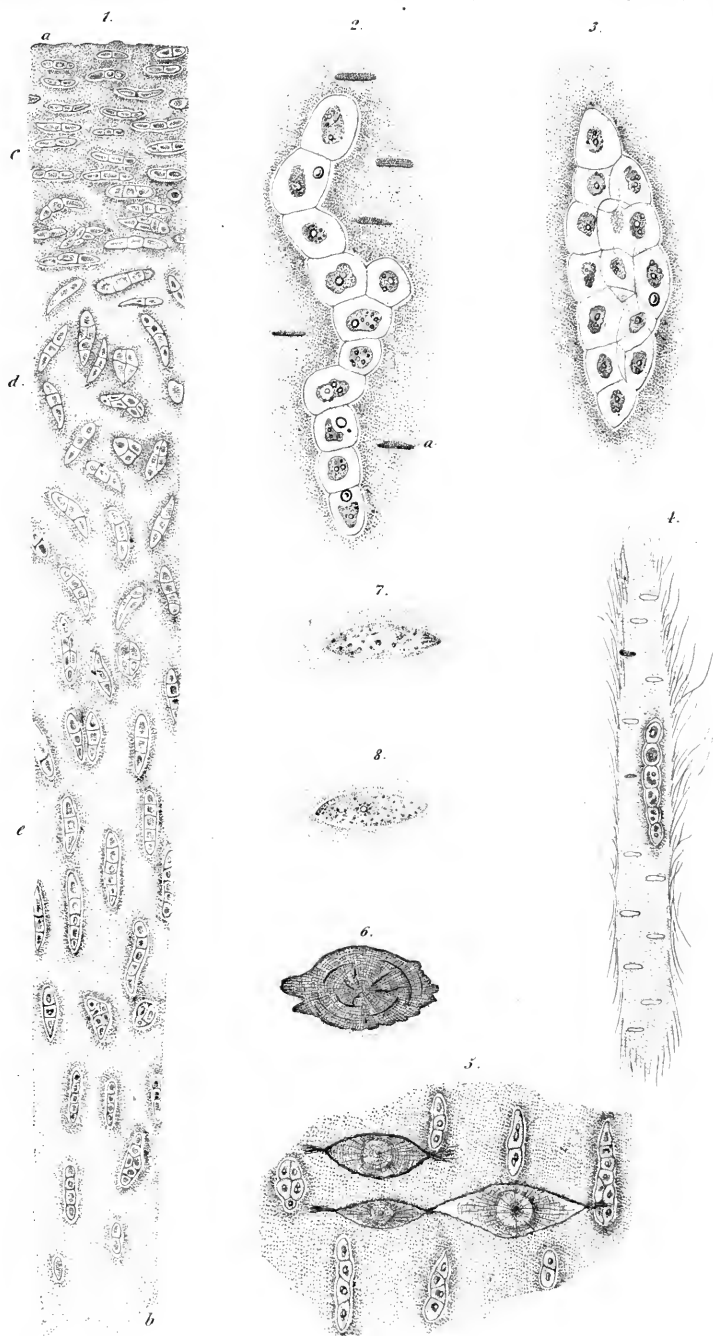
That such a repair is constantly going on is also rendered probable, by the condition of the more superficial stratum of the articular cartilage, in which are found cells presenting the appearance of having been later formed than those more deeply situated, and this becomes more strikingly the case as we approach the free surface of the cartilage. In the deep part of the cartilage the cell groups are large, the cells are apparently much diminished in organic power by frequent division, and the intercellular matrix is abundant, all betokening an earlier formation than the part lying more superficial to it, in which latter the cells are apparently in the progress of subdivision and formation of groups, and the matrix in comparatively small quantity, like in early cartilage. And then the occasional appearance of the development of new cells in the more superficial cartilage, will still favour the idea of an interstitial nutrition, which though slow, is sufficient to compensate for the wear of the cartilage.

Pathological Conditions of the Articular Cartilages.—As the articular cartilage contains no blood-vessels, so it is not liable to inflammation; but we frequently find cases in which there is an appearance of ulceration or corro-

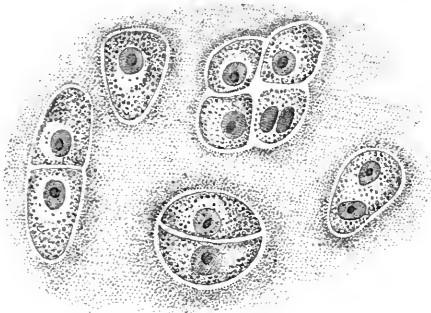
sion of the surface of less or greater extent, or it may present numerous minute, disconnected fibres projecting from the surface of the bone, like the pile of velvet, or it may be entirely removed. All these changes may take place from either surface of the articular cartilage. The most prevailing opinion among pathologists of the present day is that these changes are the result of solution generally in purulent matter, and from the observations of Cruveilhier, it appears they are more rapid if the fluid acting upon the cartilage is in a state of putrescence. While the cartilage is bathed in pus, from the catalyso-disorganizing nature of the latter, it may be gradually corroded away from the surface, and from an exosmotic current of the seroid fluid of probably modified pus (scrofulous), filaments may be dissolved out and cell groups detached, or probably disorganized and dissolved out, leaving the remainder of the cartilage in the form of a layer of disconnected filaments, like the pile of velvet, as already alluded to. Should the pus or other catalyso-disorganizing fluid (modified synovia) become putrescent, then must the destruction of the cartilaginous structure be necessarily more rapid, not only from the same action being instituted in the molecules forming the surface of the cartilage, but from imbibition; it will also set up the same action interstitially, and will be aided by the death of the life centres, the cartilage cells, for putrescence is ever deleterious and destructive to cell life. Even the infusorial animalculæ and algous plants, which are generally believed to thrive most in water with putrescent organic matter, with the exception probably of Monads and Vibrios, are absolutely destroyed by it, and it is not until the putrid exhalations cease, that they become developed within the fluid. So long as a lamina of cartilage is left upon the surfaces of the bones of a joint, and the life of the cartilage cells be not destroyed, it is probable there may be the power existing of a very slow regeneration of lost substance, but if the cartilage be entirely removed, as the agents of its formation, the cells, are gone, there can be no restoration. If the bony surfaces be exposed, and pus or other catalyso-disorganizing fluid be present, the destruction of the bones is the result; if the formation of such fluid cease, and what has been formed is removed, and effusion of fibrin from the vessels of the osseous structure takes place from subsequent organization and deposit of osseous salts in the latter, we may have ankylosis, or irregular exostoses. If fibrinous matter be not effused, from the movement of one bony surface upon the other, the excited vessels of the osseous structure may deposit a lamina upon the rubbing surface as hard as dentine, and which from continued friction becomes highly polished.

In the rupture of an articular cartilage it is said the fragments never unite, which fact was formerly frequently advanced in support of the non-organization of the tissue. Muscular substance, when destroyed by violence, is not restored; a lichen cut into two will not unite at the edges; nor will algous plants unite when divided. The nutrition of the parts continues, as is the case with the fragments of the articular cartilage, but as well almost might the

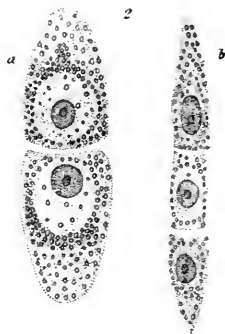




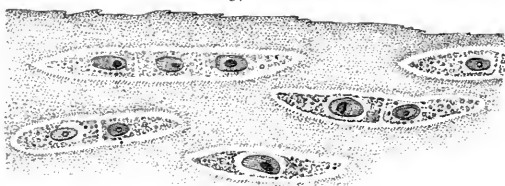
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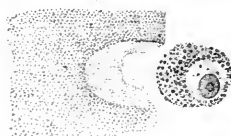
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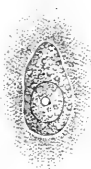
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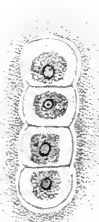
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two opposed surfaces of articular cartilage unite in a joint in which there is little motion, as for the two broken edges of one to do so.

When granulations occur upon the surface of an articular cartilage, which is extremely rare, they arise probably from the effusion of fibrin from the circulus vasculosus of the joint, extending upon the surface of the cartilage and agglutinated to it.

REFERENCE TO THE FIGURES.—PLATE I.

Fig. 1 represents a vertical section of the articular cartilage of the head of the os humeri, highly magnified. *a*, free surface of the articular cartilage; *b*, surface of attachment; *c*, superficial stratum of cartilage in which the groups of cells are parallel with the free surface; *d*, stratum in which the course of the cell groups is irregular; *e*, deeper part of the cartilage, exhibiting the general vertical position of the cell groups, and the comparatively large quantity of intercellular substance.

Fig. 2. A cell group from the deeper part of the articular cartilage of the condyles of the os femoris, very highly magnified. It consists of a single row of cells, and does not present so straight a course as usual. In the interior of the cells may be observed the contracted mass of granular contents containing one or two small nuclei, and more or less fat globules. *a*, represents one of the lacunæ, which I have occasionally noticed in the matrix of articular cartilage.

Fig. 3. A group consisting of three rows of cells, from the deep part of the articular cartilage of the head of the os femoris, very highly magnified. In several of the cells, as well as in some of those of the preceding figure, some clear globules will be noticed which have the appearance as if they had escaped from the central granular mass.

Fig. 4 represents a shred of cartilage, torn from the deep part of an articular cartilage from the condyles of the os femoris, prepared as stated in the memoir, highly magnified, and exhibiting particularly the filamentary structure of the cartilage matrix. Some of the peculiar lacunæ are also represented, as this specimen contains them. A vertical group of cells is also figured.

Fig. 5. Vertical section from the deepest part of an articular cartilage of the head of the os femoris, highly magnified, and exhibiting several groups of cartilage cells, and also the transverse section of three of those peculiar fibres of bone, occasionally found pervading the cartilaginous structure, presenting the appearance of their interior structure.

Fig. 6 is a section of one of the bone fibres isolated, exhibiting very well its interior structure.

Fig. 7 represents a cartilage cell, highly magnified, taken from the more superficial part of the articular cartilage of the head of the tibia, and which, I think, is in an early stage of its development.

Fig. 8 represents a cartilage cell, from the same position as that of the preceding figure, and exhibiting an advance in development and the formation of a nucleus.

PLATE II.

Fig. 1. A section of the more superficial part of the articular cartilage of the head of the os humeri, parallel with the surface, very highly magnified and exhibiting the flattened cell groups, apparently of later formation than those more deeply situated.

Fig. 2. Two cell groups from the same position as figure 1; the right hand group, *a*, is viewed upon the surface parallel with that of the articular cartilage, and the other, *b*, is viewed upon the edge or side.

Fig. 3. A vertical section of the free surface cartilage, from the articular cartilage of the head of the os humeri, very highly magnified, and representing the cell groups viewed upon their edges.

Fig. 4 represents the escape of the mass of granular contents, held together by a protoplasmoid envelop, of a cartilage cell in which the wall has apparently become blended with the cartilage matrix, highly magnified, from the surface of the articular cartilage of the head of the os humeri.

Fig. 5. A fragment of surface cartilage from the epiphyso-cartilaginous condyles of the os femoris of a fœtus of six months, highly magnified, and exhibiting the uniform diffusion of the cartilage cells.

Figs. 6, 7, 8, 9, 10, 11, 12, 13, exhibit the progress of development of the cell groups of perfected articular cartilages from the primitive cartilage cells. 6 is from the same fœtus as that of figure 5. The others are from a fœtus at term, a body of six years of age, and an adult.

ART. II.—*Observations on Hydrophobia, with cases, in one of which chloroform was administered with a favourable result.* By SAMUEL JACKSON, M. D., Professor of the Institutes of Medicine in the University of Pennsylvania.—(Read before the College of Physicians of Philadelphia.)

THE number of cases of Rabies Canina, or Hydrophobia as usually named, that have occurred within the last year, have invested the disease with an increased interest and importance to the profession. From its unusual prevalence in the canine race, over a wide extent of country, it has presented, to a certain degree, the character of an epidemic in that class of animals. Accidents from the bites of rabid animals have been proportionally numerous, producing in the public, excitement, alarm, and a sense of insecurity from the domestication of the dog, whose almost human instincts have made him the companion, protector, and friend of man, one that never deserts him in the hour of peril, or abandons him in the time of need.

It must be acknowledged that we are much in the dark as respects the pathology and therapeutics of this most formidable disease. Our knowledge of its nature, seat, and mode of treatment, is not more settled than it was when first placed on record two thousand years ago. The uniformly fatal result that has, through all time, attended every perfectly authenticated case of communicated rabies canina, renders its curableness a matter to be questioned. Cases of reported cures are on record, but they all have some defect attaching to them, that vitiates their character. Dioscorides asserted that no one was ever cured of the disease, "*Neminem sanatum fuisse;*" and the same opinion has been reasserted by Liston, Moreau, Dessault, Peryrilhe, Le Roux, Blair, Hamilton, and others, who have seen and treated cases of this affection.

Our defective knowledge of this disease is in a great measure to be attributed to the limited opportunities for making it the subject of study and investigation. Numberless practitioners, in all periods, have passed a lifetime, without having met with a case of it; and of those who have encountered it, few have seen more than from one to three, or four cases at most, and those at long intervals. For the satisfactory understanding and correct explanation of any class of phenomena, a continued series of observation, experience, and experiment is indispensable; and this applies in a special manner to a disease at once complicated, obscure, and intractable, such as rabies canina, or communicated hydrophobia.

From the foregoing considerations, it has occurred to me, that the following cases of this formidable disease that have come under my observation, and were carefully recorded at the time, would not be thought obtrusive, or without some interest to the college.

The subject of the first case was a young man who kept a grocery store in Beach or Schuylkill Front Street, in the year 1834. A month or two previously to the attack, he observed in the middle of the day, a small dog to run into the store, and conceal itself between two barrels. In the evening, when about to close his shop, he recollected the circumstance, and intending to remove the animal, he thrust his hand between the barrels, seized it by the nape of the neck, and threw it into the street. In doing this, he received a slight bite on the hand. Nothing more was known of the dog, and there is no positive knowledge that he was rabid. So trifling was the wound, and so slight the impression made on the mind of the patient by the occurrence, that when first interrogated as to his having been bitten, when the symptoms excited some suspicions as to the character of the disease, he denied having suffered such an accident. No scar could be seen.

The following history of the case is extracted from my diary, in which I make a daily record of the cases that I attend. The dissection was made by Drs. Horner, Goddard, and myself, and the record of it is in Dr. Goddard's writing, taken down at the time.

CASE OF HYDROPHOBIA.—*Monday, March 17th, 1834.*—David Lithgow, aged 30 years, sanguine temperament, light eyes and hair, fair complexion, large frame, well developed chest and limbs; last Monday exerted himself violently in jumping; got heated; perspired freely, as he usually does; felt sore after his exertions, particularly around the upper part of the abdomen; this painful sensation continued some days. On Saturday assisted in loading his canal boat, but did not exert himself more than in common; felt on Saturday uneasiness in the back of the neck and shoulders, with numbness of his arms, and great pain. Dr. Beattie, who was called in, saw him on Sunday about 10 A. M. The patient was in bed covered up with bed-clothes; the face then looked flushed, and the neck and chest of a red colour; but when the clothes were removed, the colour diminished. He was bled to $\frac{3}{4}$ xx. Calomel and opium were given. While the Dr. was bleeding him, he drank water without difficulty.

Soon after the Dr. left him, in attempting to swallow the medicine directed, he could not succeed from spasms in the throat. All attempts after this to swallow fluids or solids, increased the same effects. Dr. B. saw him again in the evening, when he exhibited violent convulsive spasms of muscles of respiration, whenever he attempted to swallow. Gave him sulph. morph. gr. iv, laudanum ζ ss, in an injection thrown high up into the bowels. Dr. B. requested me to see him to-day, (Monday, 17th.) Attended at 11 A. M. The patient was in bed, the perspiration flowing in streams from his face; pupils contracted; no unnatural heat of surface; tongue moist; very slightly furred; fauces of natural aspect; pulse 68, soft and round; bowels been opened frequently; eructates flatus; no nausea; no pain or uneasiness; has no disposition to spasms, unless excited by some cause. He attempted to swallow a piece of bread for me, but was almost suffocated in the effort. It was expelled from his mouth with violence. Water sucked up through a stomach tube caused violent spasms. The body was jerked upwards; he rose on his knees in bed, his face greatly distorted by the spasm. Opening the door, though he does not see it, causes him to cry out. The slightest motion of the air made by waving the hand, or a fan, causes convulsive sobs, as though cold water was sprinkled on his face. No other muscles but those of respiration are affected. Applied six moxas to the back of the neck, and injected far into the bowels gr. iij of sulph. morphia. 5 P. M. Symptoms more moderate; is heavy, inclined to doze; cups applied down the spine; afterwards, blister applied on the spine.

Tuesday, 18th.—Dr. Beattie remained with the patient all night; gave him in the night ζ j opium in injection, and early this morning \mathfrak{D} j more. Saw the patient at 9½ A. M. Symptoms greatly aggravated; was out of bed; manner agitated; nervous movement; profuse perspiration, which has continued from the commencement; pupils contracted; pulse smaller and feeble; skin wet and cold to feel; tongue moist, and nearly clean; is constantly hawking and expectorating a viscid phlegm; mind is changed since yesterday; was then calm, pleasant tempered, collected and cool; is now irritable, quick in temper, irregular in disposition; endeavours to control himself, but fails at times to do so; impatient, very desirous to drink; says in the intervals of the spasms he feels well, yet often suddenly takes a full, deep inspiration; appears to suffer, yet when asked to explain those feelings, becomes irritated; is highly excited by trifles. He was positive he could swallow bread soaked in water; a large piece was given to him. Made many ineffectual efforts to bring it to his mouth.

Face contorted, and whole frame thrown into strong muscular action in the effort, but failed to effect it. He then was given a very small piece. After a violent effort, he succeeded in getting it to his mouth; instantly he was seized with most violent spasms of the diaphragm. He had planted himself on his feet, in the attitude of a boxer, to make the effort. With great difficulty he brought his hand to his mouth, when instantly he was jerked backward several feet, and nearly fell. He was tossed about the room in various directions, until he fell on a low bed in violent strangling spasms. The paroxysm continued several minutes. The sound he makes, apparently a combination of coughing and hawking, might easily be compared to barking. An enema of camphor ζ j, in an emulsion, was administered. Saw him again at 12½; the spasms had continued to increase in frequency, and augment in force; they now come on without exciting cause. In one of great violence, which had continued some minutes, he had fallen on the bed insensible, and in four or five minutes after, breathed his last. I entered the room just at the

close of the paroxysm; the face was deep blue; the muscles in complete relaxation. He died evidently from asphyxia.

Autopsy of David Lithgow, ætat. 30, March 19th, 1834, 22 hours after death.—Body natural, muscles tense, became more so during the examination; joints rigid; skin sallow; face much changed in expression; some cadaverous settling of blood in the back; emphysema of neck, chest and right arm. No evidence of priapism.

Thorax opened.—Muscles of a very dark hue, becoming red from exposure to the air. Odour of ether strong and distinct, on cutting the pectoral muscles before the abdomen was opened; emphysema in anterior mediastinum.

Heart.—Large coagulum in both ventricles; much of the blood, however, being fluid both in the heart and veins; blood black; not becoming red on exposure; substance of heart as firm as usual; lining membrane and valves healthy; lining membrane of aorta and vena cava healthy. *Lungs*.—Healthy externally; rows of globules of air in superficial veins; those of the lower part being fully distended with it. Parenchyma of lungs emphysematous throughout. Air-cells and bronchia healthy; rather dry.

Neck opened.—Palate and velum healthy; fauces and glottis covered with a thick tenacious mucus. A broad belt of a deep purple hue surrounded the pharynx, terminating below in a well-defined line on a level with the inferior edge of the cricoid cartilage; above, its termination was irregular, and merged into the colour of the rest of the pharynx. It was about an inch and a quarter wide. *Larynx*.—Lower part of epiglottis scarlet, deeper at the sides; mucous membrane of larynx deep red; mucous membrane of trachea and bronchia same as larynx; small quantity of mucus in trachea thick and puruloid. The trunk of the par vagum was examined, and found healthy.

Abdomen opened.—Stomach and intestines distended with gas; stomach contained about half a pint of thick fluid, somewhat resembling black vomit; mucous coat of stomach smooth; not softened. Above the cardiac orifice, patches of ecchymosis and stellated injection; latter in larger quantities along greater curvature; a large patch of it about centre of larger curvature, dotted injection interspersed; colour of injection brightened on exposure to the air. *Liver* healthy; gall-bladder filled with bile of natural colour and consistence. *Intestines*.—Mucous coat healthy; contained greenish feces of good consistence. *Bladder* healthy, and distended with urine.

Head opened.—Adhesion between dura mater and skull cap but slight; capillaries of dura mater injected; vascular trunks filled with air. *Pia mater* congested; large veins filled with air principally at the base of the brain; arteries of base entirely empty; arachnoid membrane somewhat dry. *Medulla oblongata* white, firm, and drier than natural; cineritious portion pale; large dots of blood in substance; on cutting it open longitudinally from behind, numerous transverse fissures filled with blood were seen. *Pons Varolii* white and firm; numerous red dots; cineritious portion paler than natural, but not so pale as that of the medulla oblongata. Cerebrum appeared healthy. The cineritious portion of the natural hue, and the medullary containing the usual number of red dots. Plexus choroides and vena galeni full of air. *Thalami* and corpora striata healthy; 3jss of bloody serum in ventricles. Nervous trunks from base healthy.

Spine not examined.

P. B. GODDARD.

The second case I witnessed daily during its progress, but did not attend: it was that of Cornelius Weeks, who died in the Pennsylvania Hospital this fall. A full account of this case was kept by Doctor Sargeant, together with

the post-mortem appearances. A statement of them has already been made to the College by Doctor Pepper.

I allude to it now for the purpose of pointing out the different modes of dying in this case, and that of Lithgow.

In the case of Cornelius Weeks, the nervous spasms were very violent the first forty-eight hours after his admission, but from the effects of chloroform internally as a potion, or from the natural course of the disease, they moderated very considerably. Throughout the duration of the case, the potion, two tablespoonsful of water or broths were taken, though with strong efforts, at regular intervals. He sank away gradually in a state of extreme exhaustion, presenting the general aspect and physiognomy of malignant fevers. He died apparently from the direct influence of the rabid virus on the blood and vital forces.

Lithgow, on the contrary, perished suddenly in the midst of a violent spasmodic paroxysm, causing asphyxia.

From the post-mortem appearances, I have always looked on his death as having been the result of the introduction of air into the blood-vessels, interrupting suddenly the circulation. This may have been accomplished by the spasm forcibly compressing the lungs distended with air, which could not escape from the firm closure of the glottis. Bichat, in his work "*Sur la vie et la mort*," relates experiments he performed that prove, it appears to me, the probability of this occurrence. It was this experiment of Bichat's that, at the time of the dissection, suggested the explanation I have given.

Bichat states that, if a stop-cock be adapted to the trachea of a dog, and a quantity of air somewhat greater than an ordinary inspiration, be pushed into the lungs with a syringe, and an artery be then opened in the leg or foot, there will escape frothy blood from the bubbles of air it contains; and if hydrogen be employed, and a lighted candle be held near, they will inflame, showing that the hydrogen unchanged had passed into the circulation.—pp. 354-55.

The third case is that of Mrs. Burrows, which has excited some curiosity and interest from the recovery of the patient. This very uncommon result is well calculated to cast a doubt on the true nature of the disease, and suggest suspicions whether it was a true case of rabies canina. On this account, I shall lay before the College a somewhat minute and detailed statement of all the circumstances of the case, and leave it with them to decide the question.

Mrs. Burrows is about 30 years of age, rather of full embonpoint, a brunette with black hair and dark eyes. She has a physically nervous temperament, but possesses a determined character, great resolution, and a flow of spirits that rarely fails. When a girl she was subject to nervous attacks and spasms. The last severe one, her father and herself inform me, occurred ten years since. She has been married seven years, and has had four children; one she lost last summer; the youngest was nine weeks old, at the period of her attack.

Since her marriage she has had but one nervous spasm, which took place

four years since. It was brought on by the painful attempts to remove a pin she had accidentally swallowed, and which was sticking in the fauces near the top of the larynx. This was the last nervous spasm she had suffered prior to the invasion of the disease. Doctor Horner saw her at the time, with her brother Doctor Cooper, at present surgeon in the U. S. Army.

In the month of July last, then residing in Cooper Street, Camden, she was at the gate door with her child, a little girl aged — years. She saw two dogs running up the street; she stepped into the yard alongside the house, leaving the child at the door. She soon after was alarmed by the cries of the child, and the noise of a dog, and running to the door found one of the dogs had attacked her child. She flew to its rescue, and in saving it, received a bite on the inside of the wrist of the right hand. Two punctured wounds were made by the fangs of the dog, about an inch apart. They were slight, and she did not mention the circumstance to her husband, or pay any attention to them; they healed in a day or two. The dog disappeared, and nothing more has been heard of him.

No inconvenience was experienced from the bites until the commencement of October, when the slight cicatrices made became red, slightly tumefied, and painful. In some days after, one festered, which she opened; it discharged a few drops of greenish matter, healed, and gave no further trouble. The other remained hard and painful, and pains extended from it up the arm, to the shoulder. In a few days the whole arm became painful and swollen, a small tumour formed on the inner side of the arm about two inches below the axilla. It did not gather.

During this period, as she occasionally complained of her arm, her friends would inquire of her what ailed it; to which she frequently replied jokingly, that she had heard of a milk-leg, and she supposed hers must be a milk-arm. This is mentioned to show that her mind was not occupied with the idea of the bites.

On Friday, 27th October, Mrs. Burrows, after coming down stairs in the morning, drank a glass of cold water, as is her custom. She was surprised by a sudden shuddering sensation, but as it passed off, she thought no more of it. In the course of the day she crossed over to the city to visit her parents. When on the river, particularly on her return, she felt a singular dread and uneasiness at the sight of the water she could not understand. It left her when she landed. In the evening, feeling unwell, she resolved to bathe her feet before going to bed. When the water was brought, she attempted to try with her hand its temperature. She was instantly seized with a violent shuddering, and sense of dread. Her husband, who was present, laughed at her, and asked whether she had not been bitten by a mad dog. She was fearful of giving him uneasiness, and did not mention the bite she had received in July. Soon after, in attempting to take a drink of water, she was seized with violent spasms of the throat, and a sense of suffocation to an alarming degree. Dr. Fisher, of Camden, who was her physician, was sent for, and remained with her the greater part of the night, as the spasms continued to recur at intervals. She was treated with acetat. morph. gr. $\frac{1}{4}$, every two hours. Dr. Cooper, of Camden, also saw her. I received a message, requesting my attendance, and visited her at 2 P. M. While in the parlour down stairs, I heard a peculiar sound that bore some resemblance to a dog's bark. It was remarked that the patient was then in a spasm, as in them she made that noise. When I reached the chamber, the spasm had ceased. Mrs. B. was in bed, in full possession of her senses, conversed with me without hesitation or difficulty in a pleasant manner. She had no fever; pulse 68 to 70; skin cool;

she complained of fullness of the head, which she attributed to the pills of acetat. morph. The adnata were slightly injected; she complained of pain in the neck, and in the throat; fauces appeared dry, and voice hoarse. Right arm swollen, and exceedingly sensitive; epigastrium sensitive to pressure, but it did not cause spasms, or disturb her breathing. Fanning, or waving the hand did not produce spasms, or unpleasant effects. Water poured from a vessel, though unseen, and no previous intimation given of the intention, Dr. Fisher informed me had caused paroxysms in the course of the morning. I requested her to drink some water, with which she complied immediately. She took a mouthful, but in trying to swallow, a frightful spasm was induced, limited, as it appeared to me, to the larynx and fauces; she appeared suffocating. The diaphragm and abdominal muscles did not participate in it, as I kept my hand on the abdomen to ascertain the fact. She appeared to me for a short time to be unconscious, the eyes rolled upwards, but she declared she retained her senses perfectly. It was a violent struggle for breath, but not general convulsion or spasms. There was no salivation or mucus collected in the mouth.

At this visit I expressed to my colleagues Drs. Fisher and Cooper, that although the symptoms were somewhat suspicious, yet taking everything into consideration, I was disposed to look on the affection as a simple nervous one, and probably hysterical.

The following course was agreed on. Sinapism to the epigastrium; cups on back of neck; sinapisms down the spine; enemata of assafœtida ℥ij suspended in water, and chloroform ℥jss in an emulsion every hour if required.

Sunday morning, October 29th.—Patient apparently better, very cheerful, calm, collected in manner, and gay in conversation. Spasms had continued yesterday until the evening, when they had ceased, and had not again returned; passed a quiet night, but did not sleep sound. She had drunk water freely several times. Some difficulty had been experienced in swallowing it, but no spasms were excited. Head more comfortable since the pills were omitted. Throat feels sore, but less painful than yesterday. Skin, pulse and tongue natural. Sensibility entirely lost in the skin of the right arm, below the deltoid muscle; does not feel pinching, or touching. She asked me to stick it with my knife, to ascertain whether she could feel that. There is notwithstanding, deep-seated pain in the course of the nerves. There are also slight spasmodic twitchings of the muscles of the arm. The whole abdomen feels sore and uncomfortable; pressing the epigastrium gave most uncomfortable sensations, and disturbed the respiration, rendering it irregular, but did not cause spasm. In the night ejected some blood by vomiting; did not coagulate. Bowels have not been opened.

At this visit my first impressions were rather confirmed than weakened. It was determined to continue the same plan of treatment, and to add the following, with a view of acting on the bowels: R.—Mass. hydrarg., ℥j; syr. rhei, ℥j. A teaspoonful every hour. Enema of emulsion of assafœtida, if spasms continued.

The first dose was given at 12 M. The attempt to swallow it brought on violent spasms of larynx and chest, threatening suffocation.

From this time, the spasms occurred with short intermissions, spontaneously, notwithstanding the assafœtida injections; sinapisms to abdomen, and other means resorted to by Drs. Fisher and Cooper.

I saw her at 5 P. M. There was an intermission when I entered the room. She expressed herself as suffering great bodily distress. The right arm was in constant agitation from slight spasms; the right shoulder painful; no sen-

sibility in the forearm. The cicatrix was tumid, red, and sensitive to pressure, though the hand and arm were insensible. She complained of acute pain in both hams. Pressing on the groins, on the calves of the legs, in the armpits, as well as under the knees, excited acute pain. Has sense of distress in throat, chest, heart, and abdomen. Notwithstanding this state of suffering, talks cheerfully, even answered in the same spirit to some jocose observations, and expressed her full confidence in her attendant's skill. Without her observing it, I placed my hand near the back of the head, some inches from it, and gently waved it. She was on the instant seized with shuddering, followed by strangling spasms of the larynx, fauces and of the chest, arresting respiration, followed immediately by spasms of the trunk, in which she was tossed about the bed, gnashing her teeth, and plunging her head into the pillows, and bed-clothes, biting and tearing them.

Chloroform was sent for. It was obtained from an apothecary in the neighbourhood. When procured, as no sponge was at hand, I soaked a rag with it, and seizing her by the back of the neck, attempted to hold it near her mouth. The inhalation was imperfect; as the spasms kept the patient in constant motion, and she was making plunging efforts to seize the rag with her teeth, some caution was required to avoid being bitten.

A sponge was then procured, and the inhalation was more effectually performed; as the effect took place, and the spasms were mitigated, the patient assisted herself to hold the sponge to her mouth. In a few minutes the full effect was produced, and she fell perfectly insensible, every muscle in perfect relaxation, and the respiration easy and natural. An enema was now administered, consisting of Pulv. ipecac. composit. ℥ij; chloroform ℥ij, in starch water.

The medical attendants retired to another room, where the excision of the cicatrix was talked over and determined on.

After returning to the room, while sitting by the bed-side, she suddenly addressed me, saying, "Dr. Jackson, what is my disease?"—"Nervous spasms," I answered.—"I know that, but what causes these spasms?"—"Many causes of various nature may give rise to them."—"That is true, but is not that the cause," putting her left forefinger on the cicatrix on the right wrist, "Is it not that?"—"Most probably it is."—"Why not, then, cut it out? why not, if necessary, take off my arm? I can bear it, I have nerve for anything."—"Cutting it out is precisely what we have concluded, just now, to do, but it so happens, we have no instrument with us."—"Well, take your penknife, I won't flinch." Dr. Cooper, who had stepped out, returned with a venerable scalpel that had evidently not been in service for a long time, and a tenaculum. I hooked up the cicatrix, and with some effort succeeded in excising the skin surrounding the cicatrix. This rude surgery was borne well. She then said, "Do you not think it would be better to apply caustic to the cut?"—"A good suggestion," I replied, and immediately applied caustic liberally over the whole surface. A poultice of pulv. ulm. rubr. was directed to be applied.

The excision of the cicatrix was hardly completed, when a spasm came on. The chloroform was immediately administered with the sponge, its full effects were induced, and she again became insensible. She was some time in this state; as she was recovering from it, she raised herself slowly on her knees, and with her eyes intently gazing, and her arm stretched upwards, she addressed the vision of her lately lost child. When she had entirely recovered, she related the vision she had seen.

It was agreed that the chloroform should be given as soon as a paroxysm

was observed coming on, that in the course of the night another enema similar to the last should be administered, if the spasms continued to recur, and calomel gr. xx should be given to relieve the bowels.

Monday, October 30th.—At my visit this morning found her better, calm, and cheerful; pulse 96; temperature of skin natural. Tongue moist, slightly coated. I was informed that spasms had continued to recur from the time I left her until midnight. Many were exceedingly violent. The chloroform had been timidly administered. As the spasms appeared to yield, the chloroform was withdrawn, from an apprehension of some ill consequences from using it so constantly. The patient, as soon as the spasms would permit her to articulate, would call for more and urge its use. After 12 o'clock, the spasms were subdued so much, that instead of being instantaneous, she had a warning of their approach, when a few inhalations arrested their further development.

Was sick in the night, and vomited more blood, which remained liquid.

Throat feels sore, voice is hoarse; abdomen uncomfortable, and slight pressure distressing; cannot bear the weight of the bed-clothes on it. Pressure on the calves, under the knees, groins, and arms, very painful. Bowels have not been moved. In the confusion from the conflict with the spasms, the calomel directed had not been given. No feeling in right arm. It is paralyzed, but is often affected with tremulous spasms.

Mrs. B— is naturally near-sighted. Her father assured me she had been so from early youth. She was unable to distinguish the features of a person standing at the foot of the bed. Her sight is now quite acute. The shutters are bowed, and the curtains drawn, as the light is offensive, yet she sees a pin sticking in the paper on the opposite wall of the chamber, distant at least twelve feet.

The hearing is equally acute, though her hearing is rather dull in health. Yesterday when the medical attendants were in the parlour beneath the chamber, the stairway opening into a small entry communicating with the bed-room, she heard the conversation below, and repeated parts of it to those with her at the time.

She remarked to me that her throat felt so uncomfortable and dry, that she wished it could be greased inside with a feather. I suggested to her to take some oil of butter, to which she assented. It was prepared and brought to her in a silver spoon; but as soon as the glitter of the metal caught her eye, she was taken with a strong shuddering, and spasmodic action of the throat and face. The oil was then placed in a small toy-cup; she received it in the mouth without difficulty, but in attempting to swallow it, a spasm came on. I called to her to spit it out; but she made another effort, when most of it was expelled, and a strong spasm was induced. The chloroform on a sponge was brought under her mouth, a few inhalations produced partial insensibility and relaxation, and the paroxysm ceased.

Calomel (gr. xvi) was given. Pills are swallowed without difficulty, and crackers can be chewed and swallowed.

6 P. M. No complete paroxysm since morning; several times spasms were threatened, but arrested immediately by chloroform inhaled. This afternoon, her father seeing a fly about to light on her face, waved his hand to drive it away. This excited a spasm, checked, however, by chloroform. The looking-glass, and other shining objects in the room, were covered over. The glitter distressed her. The windows were also kept down; she could not bear the air to blow upon her.

I inquired of her what had been, and were, her feelings; she said it was

difficult to describe them, but they were more like a dread of something, she knew not what, than any other feeling. Her mind is tranquil; she converses cheerfully; being a Catholic, she has observed the religious obligations of her faith, and is fully prepared for any event.

The wound is discharging freely a thin serous fluid. The arm feels, she says, as though sensation was returning in it.

Bowels have not been opened, or urine passed. Directed a purgative enema, and after evacuations, pulv. ipecac. comp. ʒss, in injection. Chloroform *pro re natâ*.

Tuesday, 31st.—Had passed a comfortable night; bowels and bladder had both been relieved last evening, and again this morning. Had taken the Dover's powder injection. Twice spasms had been excited in the evening; once by a young girl coming into the room, and approaching the bed with a glass of water in her hand; the other, by an attendant, without thinking of it, bringing a basin of water into the room; each time chloroform arrested the spasms.

The wound discharges freely; suppuration has commenced; sensibility has returned to the arm; pressure on the calves, beneath the knees, in the groins, and armpits, much less painful.

She took last evening, some ice-cream, and repeated it this morning; she has taken also some milk this morning. The uneasiness of the throat greatly abated; epigastrium less sensitive; bears pressure without the same distress. She informed me this morning, that during the violence of the attacks, a feeling appeared to start from the cicatrix, ascend the arm, pass down the chest, and strike into the stomach; but that now the feeling appears reversed, and seems to pass from the stomach into the arm, and descends into the wound.

The chloroform is used whenever there are threats of spasms from uneasy sensations. Repeat the enema of Dover's powder.

I inquired of her whether there was any difference between the attacks she had suffered from the last few days, and those I had understood she was formerly subject to. She said there was; they were wholly dissimilar. I asked in what respect. There is this difference, she remarked; in the former attacks I was generally unconscious; I knew no one about me, what was said, or what was doing. When I came to myself, I did not know that anything had happened to me. In these last, I had my consciousness entire. I knew every one, heard all that was said, and I knew all that was doing. There is also this difference. In my old attacks, bandages were tied tight around my stomach, and pressure made, which always gave me relief in the milder attacks; in these last, I could not bear the slightest pressure on the stomach; the bed-clothes oppressed me.

Nov. 1st.—Was restless in the night. The hand wound and arm more painful; the edges of the wound pale and unhealthy; discharge thin and sanious. Directed it to be dressed with ungt. resinæ flav. Abdomen and epigastrium are no longer sensitive, and seat of uncomfortable sensations; bowels relieved. This morning has taken ice-cream and milk. She has swallowed three or four raw oysters; complains of thirst, and wishes to make a trial of drinking water. Some was brought to her, and she took a large draught. A slight tremor only was produced, followed by a sense of glow, and suffusion of the face; continue milk, ice-cream, and raw oysters. At night the usual enema of Dover's powder. Chloroform has been discontinued.

4th.—Has continued free from spasms; arm been painful. To-day was brought in a carriage from Camden, to her father's residence in Market Street above Ninth. Saw her after her arrival. She was in sitting-room down stairs,

resting herself. At 9 P. M. I was sent for to see her. In carrying her up stairs to her chamber, she had fainted. She continued from fifteen to twenty minutes in that state. She revived soon after I entered the room, when, as usual, she commenced with me a cheerful conversation.

She informed me that she had lost her milk during her illness, and will be compelled to get a nurse.

5th.—Had rested well; feels better though feeble; arm less painful.

23d.—Have not seen Mrs. Burrows until this evening, at 10 P. M., when her brother Doctor Cooper, of the U. S. Army, urged me to visit her immediately.

Since last report her general health has been good. The arm has remained painful; the pain appears to be confined to the ulnar nerve in the forearm, but the whole shoulder is painful. On the 17th, Doctor Fisher saw her, and as she was that day feeling very uncomfortable, with increased pain of the arm, and the wound was nearly healed, he again applied caustic potash. The slough was thrown off to-day. The pain of the arm had been increasing for the last two days, and finally, this evening, strong spasms of the arm came on, recurring in paroxysms every ten to twelve minutes, accompanied with sense of numbness. Severe pain existed also in the nape of the neck, extending down the back to the last dorsal vertebra.

I directed a warm poultice with ten grains of powdered opium to be applied to the wound. A pill containing sulph. morph. gr. $\frac{1}{4}$, was ordered to be given every two hours, and a dozen dry cups to be applied along the spine in the neck and back. One spot opposite the third dorsal vertebra was exceedingly sensitive; when a cup was applied to it the right arm was thrown into violent spasms, the forearm was rigidly flexed, and the hand clenched. It continued in this state until the cup was removed.

24th.—The pain and spasms of the arm continued nearly all night. Towards morning became less, and the patient got some sleep.

No spasms of the arm to-day; the course of the nerve is yet tender; a little below the axilla is very sensitive; wound discharging freely; a liniment of extr. of stramonium, aconite, opium, with cerate and oil, was directed to be rubbed on the arm; and the pill to be continued at intervals of four to six hours.

25th.—Rested well last night; arm less sensitive; wound looks healthy; omit the pills; continue the liniment.

From this period Mrs. Burrows continued to improve in health. Her milk returned. The wound cicatrized in the second week of December, the pain ceased in the forearm, but the shoulder and axilla continued sensitive, and occasionally painful, into the commencement of January. To the present time she continues to enjoy the most perfect health.

In the three cases of Lithgow, Weeks, and Mrs. Burrows, the symptoms of hydrophobia were strongly manifested. Weeks' case was undoubted rabies canina. I draw a distinction between them. Hydrophobia is a nervous affection, more frequently a nervous symptom, complicating or accompanying other diseases. It may be regarded as nearly pathognomonic of rabies from its almost uniform attendance in a greater or less degree on it, and hence is often confounded with it. Hydrophobia may exist, though rarely, as a simple nervous disease; it most commonly is manifested as an hysterical symptom, when it does not belong to rabies.

Lithgow died from hydrophobic spasms, by which asphyxia was induced.

Weeks did not die in spasms, or from proper hydrophobic disorder, but in a state of complete adynamia and ataxia, produced by rabific poisoning. In most of the fatal cases of reported rabies, death appears to have ensued from asphyxia brought on by spasms of the respiratory apparatus. Doctor Marshall Hall has lately stated that death always in hydrophobia occurs in this way. Dr. Physick appears to have entertained the same opinion, as he recommended tracheotomy to be always performed; and the same advice has been reiterated by European practitioners.

In the case reported by Doctor E. Hartshorne, (*American Journ. Med. Sci.*, Oct. 1848, p. 339,) the hydrophobic spasms ceased before death, and the patient was able to swallow liquids. In that case as in Weeks', death resulted from the deadly influence of some virus infecting the blood, and destroying its vital capabilities.

In Lithgow the hydrophobic spasms were more violent than in Weeks; and in Mrs. Burrows they were equally strong and distressing, until checked by the chloroform inhalation.

Mrs. Burrows' case I regard as one of hydrophobia; was it rabies? That cannot be asserted in the absence of all information respecting the rabidness of the dog by which she was bitten. That it was not hysteria, I feel equally confident. I have had to manage numerous cases of that affection in private and public practice, but never have I met with a case in which so few genuine hysterical symptoms were present, or exhibited any approach to the train of phenomena that were present in Mrs. Burrows. That the hydrophobic symptoms had their origin in the cicatrix of the bite, I cannot doubt. There was a degree of painful irritation there, more than sufficient to account for the whole train of nervous disorder and symptoms she suffered.

I have seen two fatal cases of tetanus produced by irritating causes incomparably less active. One was an apprentice of Mr. William Fry. He had received a slight scratch in his thigh from the jagged end of a board. Doctor Horner and myself examined the body. The wound had been healed some time. We made a most careful search for some foreign body in the skin, and when about to abandon it, accidentally, I perceived a slight hardness in the fascia lata, which was to all appearances perfectly healthy. On splitting it open, there was found a small splinter about one-eighth of an inch in length, and a line in breadth. There was no inflammation, the lad had suffered no pain, no local sign of any injury or disturbance was to be detected; yet that injury and the presence of that trifling foreign body, had been sufficient to cause a fatal disease of the nervous system.

In the other case, a small piece of leather from the shoe, had been forced beneath the nail of the great toe, by a projecting nail, against which it had been struck. No inflammation, or swelling, or suppuration of the toe had taken place, but death ensued from tetanic spasms.

The excision of the cicatrix in Mrs. Burrows' case, and the establishment of a free discharge and suppuration, it is most probable contributed, by removing the exciting cause of the spasms, to the recovery of the patient.

The inhalation of the chloroform unquestionably produced the most beneficial effects in arresting the spasms, and preventing their development. But it cannot be relied on as a curative agent in true hydrophobia or rabies canina. It is an important aid by holding the paroxysms in check, and may prevent death from their violence, or their long duration.

In the above three cases, the most striking phenomena, was the exalted and perverted action of the excito-motory function of the medulla-oblongata (hyperdynamia and ataxia) connected with respiration and deglutition. In all the well-reported cases of rabies canina and communicated hydrophobia, the same phenomena have prevailed. Impressions and excitement communicated to it through the eye, as shining, or glittering, or strong light; through the ear, as sounds of water, sometimes of wind; from the face, as movement of air over it; from the mouth and fauces, as the touch of water and sometimes of solids, or the efforts to swallow them, throw the respiratory apparatus and the muscles of the throat, into disordered, irregular, convulsive, or spasmodic action. This often is so violent as to produce death from asphyxia.

In all cases of rabies the medulla oblongata, the exciting and governing central nervous organ of the involuntary and automatic muscular actions, is in the above pathological state, but varying as to its degree in different individuals, during the first and second stages of the disease. Should the patient survive the two first stages, and pass into the third, a new train of phenomena is then established. With the ataxia of the early periods is combined adynamia, from the breaking down and exhaustion of nerve force; muscular power rapidly fails, and the vital functions depending on muscular action and physical laws, for their maintenance, as respiration and circulation, speedily are extinguished.

Before concluding this communication, already longer than I had intended, there is one remark I wish to make. A case of hydrophobia produces much excitement and interest. The patient is most generally surrounded by curious visitors, professional as well as others. From the excited and perverted state of the nervous functions, the effect is injurious. Spasms are brought on, and aggravated by the impressions made on the senses, and by the annoyances he experiences. I was much struck with it in Lithgow's case. From morning to night his room was crowded by people of the neighbourhood, and professional gentlemen calling to witness a case of so rare an occurrence. Weeks was much distressed and annoyed by the numbers of the gentlemen of the profession that at first crowded into his room, but subsequently this was corrected. He remained alone, or with a single attendant, until the time for administering his remedies, or the period for visiting him by the medical prescribers. I asked him whether he had spasms when entirely alone; he told me he had not.

None were permitted to see Mrs. Burrows but members of her family who were her nurses, and her medical attendants. I am convinced that a patient has a better chance of recovery, certainly has much fewer attacks of spasms, and far less suffering, when kept in as quiet a state as possible.

ART. III.—*History of Five Cases of Pseudo-membranous Laryngitis or True Croup; in three of which the Operation of Tracheotomy was performed, and in two successfully; with Remarks on the Treatment, and on the Operation.* By J. FORSYTH MEIGS, M. D., Lecturer on the Diseases of Children in the Philadelphia Medical Association, etc. etc.

In a paper published in the number of this Journal for April 1847, I detailed the history of seven cases of pseudo-membranous laryngitis, all of which, except one, had occurred in the year 1845. The remaining case occurred in 1846. Since the date of that paper, I have not met with a single instance of either pseudo-membranous angina or laryngitis, until in June 1848, when I was called to see the first case about to be reported. From that time to the end of the year, I met with the four other cases to be detailed, and saw also three cases of slight pseudo-membranous angina in children, in whom the exudation did not extend beyond the tonsils. During the same period of time, I have heard of six fatal cases of true croup, occurring in the practice of my medical friends in the city, whilst in 1847, I neither saw nor heard of a single case, and in 1846 of but one, which circumstances seem to show, it appears to me, that the disease prevailed epidemically in our city in 1845, then nearly ceased in 1846 and 1847, and appeared again as an epidemic in 1848.

I propose, on the present occasion, to furnish in some detail a history of the five cases referred to above. Three of these were instances of the malignant form of angina, to which, in former times, the titles of gangrene of the throat, sore-throat distemper, putrid sore-throat, and angina suffocativa, were given. In the two other cases the attack commenced in the larynx, and though there was some plastic exudation in the fauces in one, it was not sufficient to exert any very serious influence on the character of the disease. In the remaining case, there was no appearance whatever of deposit in the throat.

In three of the five cases, the operation of tracheotomy was performed. Two of these were successful, and inasmuch as they are amongst the first, and, indeed, so far as I know, the first successful operations of the kind in this city, I shall not hesitate to detail their history with considerable minuteness, in the hope of calling the attention of the profession in this country, to the possibility of rescuing patients from an apparently hopeless condition of illness in this dreadful malady, by a resort to the operation;—an operation which, in my humble opinion, has been, considering the unquestionable evidence of its not unfrequent success adduced by European continental surgeons, too much neglected, and even proscribed by physicians in this country.

CASE I.—*Pseudo-Membranous Croup, unaccompanied by exudation in the fauces—Tracheotomy—Recovery.*—The subject of this case was a hearty-looking boy, nearly five years old, who had had, however, severe attacks of fever from indigestion and simple angina, accompanied on several occasions by convulsions.

I was called in to see him at 7½ P. M. of June 3d, 1848. The history of the case prior to my visit is as follows. Three weeks ago he was seized with a dry, hard, and noisy cough, not very frequent at first, and unaccompanied by fever or other signs of sickness. After lasting a week it became more frequent and hoarse. Ten days since a homœopath was sent for to take charge of the child, the symptoms having increased. He attended for a few days, and then associated with himself a brother homœopath, to hold consultations upon infinitesimals. During these ten days the cough became very hoarse, croupal, and gradually smothered, until when I saw him, it was nearly extinguished. The voice at the same time grew hoarse, weak, and at last whispering. The child was attacked with stridulous respiration, and severe dyspnœa, the latter being, according to the mother's account, most distressing for three nights before my visit.

During this time the treatment was infinitesimal; no emetic, or calomel, or bath, or blood-letting; nothing, except that the mother had, on her own responsibility, given enough hive syrup the night before my visit to cause vomiting.

At my visit I found the child labouring under the most dreadful orthopnœa. Each movement of respiration was attended with violent muscular effort, and with loud stridulous sound. The expiration was long, laborious, and difficult, and seemed to require as great an effort of the respiratory muscles for its accomplishment, and to occasion as loud a stridor, as did the inspiration. There were frequent attempts at coughing, which resulted merely in a momentarily increased loudness and shrillness of the stridor, and a faint explosion of sound at the termination of the expiration, instead of the full ordinary sound of coughing. The cough was in fact smothered. The dyspnœa was incessant—nothing relieved it for a moment,—neither change of position, nor cough, nor sleep, nor quiet, suspended for a moment the incessant struggles of the child for breath. The voice was a mere whisper. The expression was extremely distressed and anxious, the face as yet somewhat flushed, and the hands not devoid of colour. The boy was constantly changing his position. After lying quietly for a few moments on his side, with his head thrown far backwards, he would wake, toss and turn in the bed, and then doze again, or insist upon being taken upon the lap, where he would lie but a few minutes before desiring to be placed again upon the bed, or begging to be carried in the arms about the room.

The fauces presented not a trace of false membrane, but were red and slightly tumefied. The parents assured me that there had been no sore throat whatever.

I ordered a few leeches to be applied to the front of the larynx, directed five grains of calomel to be given every hour, and the fauces to be touched with a solution of ten grains of nitrate of silver to an ounce of water.

At 9 P. M. my father, Dr. C. D. Meigs, saw the patient with me, when it was agreed to give an emetic of powdered alum immediately, and to resume the calomel after its operation.

Accordingly half an ounce of alum was given in divided doses mixed with honey, which produced effectual vomiting, repeated occasionally for a couple of hours afterwards. Nothing was rejected, however, except the remedy mixed with serous and mucous fluids, and no relief followed. I remained with the child through the night, and gave him forty-five grains of calomel, but without any good effect.

June 4th, 9 A. M.—Condition aggravated; orthopnœa dreadful. The child is either dozing or exceedingly restless. Face pale, white; hands pale; nails

bluish. It was evident that he must soon die unless relieved, and we accordingly proposed to the parents the operation of tracheotomy. They, after hearing a candid statement of the nature of the case, gave a ready consent, and accordingly at 11 A. M., Dr. Pancoast, Professor of Anatomy in the Jefferson Medical College, performed the operation at our request.

11 A. M. *Condition just before the Operation.*—The patient is perfectly conscious, and yet careless and unconcerned; doubtless from the partial asphyxia under which he is labouring. Orthopnoea as before described; stridulous sound very loud; expiration extremely laborious. Voice a mere whisper; face pale; lips pale and bluish; gums almost without colour; tongue pale in tint, not red or pink as in health, and with a duly oxygenated blood. The whole tegumentary surface is pale; and the hands bluish. These changes evidently indicate a degree of asphyxia which must soon have proved fatal. On careful auscultation, I could distinguish no vesicular murmur over any part of the dorsum of the chest. Nothing but the transmitted stridulous sound could be perceived.

Description of the Operation—as communicated to my father by Dr. Pancoast. “My dear Sir:—I send in accordance with your request, a brief account of the operation of tracheotomy, which I was suddenly called by you and Dr. J. Forsyth Meigs to perform on the 4th inst. We found the little patient in such imminent danger of suffocation, and the parents so urgent for the employment of any promising means of relief, that we were enabled at once to proceed with the operation as follows:

“The child was laid on a table garnished with a folded blanket and pillow, with his head facing the window, and sustained by yourself, your son, the father of the boy, and my student, Mr. Horner. I first divided the integuments and fascia, exactly in the median line, from the lower part of the cricoid cartilage, to the top of the sternum. The inner edges of the sternohyoid muscle were thus exposed. Those muscles were separated, with some of the tissue below them, with the handle of the knife, and with a few touches of the edge, especially at the lower part of the wound, after it had been ascertained with the finger that there was no middle thyroid artery sent up from the innominata.

“A large vein was found at the bottom of the wound, crossing obliquely to the right side, which I tied and pushed aside. The isthmus of the thyroid gland was now exposed. No pulsating vessel being felt in this part, I divided it, with the intention of taking up the cut vessels on either side with the tenaculum, separately or in mass, in case there was bleeding, which did not, however, follow. The trachea, covered with its cellular sheath, was now freely exposed for about an inch and a half. This sheath I next split up longitudinally and cross-cut near the larynx, so that I could push it readily aside and leave the trachea well exposed, without risk of the sheath forming a nidus for the lodgment of blood or mucus, and presenting a physical obstruction at the opening to be made in the trachea. I now, with the bistoury, opened the trachea in the middle, dividing the fifth, fourth, and third rings. This incision was instantly followed by a spurt of mucus and flakes of false membrane, with decided relief to the patient. Pausing, with the lips of the orifice held lightly apart, until these convulsive efforts had in a measure subsided, I raised in succession, with the tenaculum, the margins of the tracheal incision, and removed with the scissors a semi-elliptical piece on either side, so as to form an oval orifice, about three-eighths of an inch long, and one-sixth or a little more, broad. The lungs and trachea were now speedily relieved through this opening, of a good deal of mucus and false membrane, though a regular

layer of false membrane, covering the back part of the trachea, could still be seen through the orifice. A leaden wire, about one-eighth of an inch in diameter, chosen for its non-elasticity, was brought round from the back part of the neck, and the ends bent to a little more than a right angle, so as to take a deep hold near the surface of the wind-pipe, and draw the sterno-hyoid muscles and all their coverings apart, leaving a clear gaping wound in the neck, with so much free space above the new tracheal orifice, that it was not likely to be drawn up under the integuments and obstructed in gulping or deglutition. The leaden wire was then moulded on the neck, so as to rest smoothly and easily, without liability to displacement. Thus placed, it fulfilled its office well; for the patient, you will recollect, could turn about in the bed, and run around the floor with little inconvenience from it. My intention in resorting to the excision of a piece of the trachea, and leaving a defined opening rather than the usual incision of the rings, with insertion of a tube, arose from the difficulty which attends the discharge of the tenacious mucus and membrane through a curved tube, and the keeping of it clear for respiration, as well as from a desire to avoid the irritation which the presence of a foreign body must more or less excite. In this instance we were successful in getting a new breathing orifice larger than the rima glottidis, admitting of easy respiration, and enabling us to remove with the forceps such flakes of false membrane as were too large to be coughed or blown out. The size of the orifice was besides luckily proportioned, for as it was allowed to close gradually and spontaneously by granulation in front of it, by the time it became shut, the ventricles had become cleared of the false membrane, and the respiration took place regularly and easily by the natural channel without any evident impairment of the voice. Now, twenty-one days after the operation, the wound in the neck is solidly cicatrized, and the patient is gone into the country to spend the summer."

During the operation, the child gave scarcely any expression of suffering; there was no struggling, or attempt at crying, showing that the asphyxia had advanced so far as very much to dull his sensibility to pain. Immediately upon the cut being made into the trachea, the air rushed out with a loud hissing and gurgling sound, bringing with it a very considerable quantity of thick mucus, muco-pus, and fragments of false membrane, which were scattered in all directions. In a short time the respiration became more quiet, and it was easy to perceive that the posterior wall of the trachea was covered with a deposit of false membrane, of a white and glistening appearance. For some days after the operation, Messrs. Hewson, Horner, and Bache remained constantly with the child, and by their watchful care assisted very much in procuring the favourable result of the case.

4 P. M. The child is sleeping quietly and tranquilly, with a beautiful rosy flush upon the cheek, instead of the pale, waxy tint which he had presented before the operation. The hands also had assumed their natural colour, and the gums and tongue, which had been pale before the operation, were now of a deep red.

He continued to do well through the remainder of the day and night, breathing entirely by the artificial opening, and in the act of coughing, which occurred frequently, forcing considerable quantities of mucus, muco-pus, and softened membrane through the aperture. He had no dyspnoea at any time, and slept a good deal during the night.

June 5th. Doing very well. Sits up in an easy chair, amusing himself with his toys, and on one occasion ran across the floor after a ball, without the least apparent trouble. The removal of the piece from the trachea pre-

cludes entirely the necessity of a canula and all the apparatus belonging to one, and must save the child a great amount of irritation and vexation. The only apparatus that he wears is the thick leaden wire, bent into hooks at each end. This is passed around the neck, and the hooked ends placed just within the lips of the wound, in the external soft parts of the neck, (not touching the trachea at all,) so that the child is not annoyed by it in the least, but can move about in all directions, without impediment.

During the morning the pulse was 116, and the respiration 40, while he sat up; the respiration fell to 30 during sleep. In the afternoon the pulse was 110, and the respiration 36. He ate a gill of chicken broth, and a piece of bread without any difficulty. In drinking, some of the fluid generally passed through the glottis into the larynx, and, producing cough, was expelled through the tracheal opening.

In the course of the night the tracheal opening became partially closed by some hardened mucus, and he breathed somewhat through the nostrils.

6th. Had a very good night. Pulse this morning, 110; respiration 30. In the course of the morning he ate a few strawberries, which produced some gastric uneasiness, and slight peevishness. He was ordered on this account, a tablespoonful of simple syrup of rhubarb, with four drops of laudanum. Tea and toast, and chicken water for diet.

In the afternoon he was so well as to play actively about the room. He had one bilious stool. Early in the evening he was able to whisper in a very low tone. A little later, after an attack of loud croupal cough, he ejected a piece of firm, false membrane, as large as the thumb nail, from the mouth, and soon afterwards another portion from the tracheal orifice. At 9 P. M. he succeeded, after several strong efforts, in blowing out a lighted lamp, though the opening in the trachea was not apparently at all diminished.

7th. Has had a very good night, sleeping a great deal. One stool in the night. Through this day the pulse ranged between 112 and 120, and the respiration between 22 and 34. Is in excellent spirits; appetite good; no membrane expelled to-day, but a good deal of mucus. With a towel over the wound he was able, in the evening, to articulate distinctly.

8th. A very good night. Pulse to-day between 96 and 116; respiration 24 and 32; in excellent spirits; appetite good; diet tea and toast, and broth; one stool in the day. Ejects a good deal of mucus, and occasionally some bloody mucus from the wound. Articulation louder and more distinct.

9th. Has slept nearly all night. To-day a good deal of mucus tinged with blood was discharged from the tracheal opening; respiration easy and natural; wound dressed with a linen rag covered with simple cerate, secured by an adhesive strip. This seemed at first to annoy him a good deal, but he soon became accustomed to it.

10th. Doing very well. Wound diminishing in size; dressed as yesterday.

28th. He has continued to do well. The wound in the neck filled up by granulation from the bottom, so that he last breathed through the orifice in the trachea on the 15th, or perhaps very slightly, on the 16th. The cicatrization of the wound was not complete until the 26th.

In the latter part of July, the child remained perfectly well, but there was a perceptible hoarseness of the voice, such as I have observed to follow in several other cases of true croup.

CASE II.—*Pseudo-membranous Angina followed by True Croup—Death on the eighth day.*—R. R., a girl, between six and seven years of age, born of

healthy parents, and enjoying good general health, though not of robust appearance, having had scarlet fever, was taken sick in the evening of November 24th, 1848, with sore throat, slight, dry cough, coryza, and some feverishness. A dose of salts and magnesia was given, and she seemed better the next day, but had considerable fever again in the evening. On the 26th continued sick, suffering from sore throat and slight fever, though up and dressed. She passed most of the 27th in bed, with fever, sore throat, guttural, hoarse voice, swelled cervical glands, loss of appetite, and other signs of sickness. In the evening, and during the night, she had violent fever, for which sweet spirits of nitre was given.

Nov. 28th. I was sent for to-day, and saw the child for the first time. She was dressed and going about the room, looking pale and languid, but not at all ill. There was very moderate heat of the skin, and a rapid, rather small, and soft pulse. There was considerable coryza, with thick muco-purulent discharges, and some incrustations about the nostrils. She complains of sore throat in swallowing, though there is very little real difficulty of deglutition. On examination of the fauces, the tonsils were found to be very much enlarged, and covered all over with a thick, uniform layer of yellowish-white exudation. The same exudation existed upon the velum and half arches, and upon the posterior wall of the pharynx. The tongue was coated with a thick, dirty-white fur, but was moist. There was a good deal of salivary secretion, which flowed freely when the mouth was opened for examination. The breath was slightly offensive. The submaxillary and cervical glands on each side, were considerably enlarged, and slightly painful to the touch. The bowels had not been moved for twenty-four hours. Ordered the fauces to be touched with a solution of nitrate of silver, ten grains to the ounce, three times a day; she was to take two drachms of syrup of rhubarb at once, and two hours afterwards to begin with antimonial wine two drops, and sweet spirits of nitre five drops, every two hours; the dose of the antimonial wine to be increased to four drops, if it does not occasion vomiting.

Evening. Better. Some of the exudation has been detached. Voice clear; very little cough; no oppression. Continue the remedies.

29th. Has had a very good night. Coughs occasionally, but not frequently; the sound is hoarse and croupal, and the effort occasions a slightly stridulous sound. Voice is guttural, but not hoarse. The exudation is disappearing from the tonsils. Very little heat of skin. Pulse rapid, soft. Swallows water and ice-cream perfectly well; no stool. To have another dose of syrup of rhubarb. Continue the ant. wine, and sweet spirits of nitre.

Evening. Only change observable is that the cough is rather more croupal in its character. Voice good. No dyspnoea; has had three stools. Solution of nitrate of silver to be doubled in strength.

30th. Has had a quiet night. Cough infrequent; when forced, it is somewhat hoarse, and accompanied by a feeble stridulous sound. Voice nearly natural; slightly hoarse; skin warm, not hot; pulse as before; patches of membrane still visible on the pharynx, and on the sides of the uvula; none on the tonsils. Uvula very much swelled; tonsils less so; both these parts intensely red. Continue application of lunar caustic four times in the twenty-four hours. Continue antimonial wine.

Dec. 1st. Worse. Has had a good deal of difficulty of breathing since daylight. Cough more frequent; smothered; preceded and followed by stridulous respiration. Voice hoarse and weak; considerable fever; pulse 150. Skin hot, and face somewhat flushed; expression tranquil. To have an emetic

of powdered alum, and a hot bath; application to the fauces continued. Antimonial wine gtt. iv every two hours.

5 P. M. Much oppressed, with loud stridulous sound in coughing. Gurgling, but no considerable stridor, when asleep; pulse 144; respiration 40; skin warm; tongue moist, and heavily coated. R.—Cupri sulphat. et Quin. sulphat. āā gr. vi; aquæ fontis, ʒi; ft. solutio. To be applied to the fauces upon a sponge-mop. R.—Hydrarg. chlor. mit. gr. i; pulv. Doveri gr. vi; pulv. antimon. gr. iii. In chart. vi.—One to be given every hour. Chicken-water as diet.

10 P. M. Dreadfully oppressed. I gave the remainder of the powders, which produced immediate vomiting of thick, glairy, viscid mucus, but no false membrane. Soon afterwards four grains of calomel were administered, but were rejected by vomiting.

Midnight. Condition unchanged; violent jactitation at times, alternating with dozing. Severe orthopnoea, with loud stridulous sound in both inspiration and expiration. Four grains of calomel to be given at once, and two grains every two hours afterwards.

2d. Morning. No improvement. Dr. S. G. Morton visited the patient with me. Two grains of calomel every two hours. R.—Iodine gr. iii; potass. iodid. gr. vi; aquæ ʒi. M.—Give ten drops every two hours, alternately with the calomel.

Died at 7½ P. M., having suffered from most distressing orthopnoea throughout the day.

Autopsy.—Larynx and trachea occupied by a tubular false membrane, forming a perfect mould of the parts upon which it had been effused, covering over the edges of the glottis, the vocal cords, and dipping into the ventricles of Morgagni. The false membrane extended also into the bronchia, as far as their ramifications in both lungs could be traced. The membrane was about a line in thickness, firm, of considerable tenacity as far as it could be traced, and of a milk-white colour. It adhered but slightly to the mucous membrane beneath, as it was drawn out, without breaking, from the fifth and sixth ramifications of the bronchia, by traction upon the tubuli filling the primary bronchia. The mucous membrane of the larynx, trachea, and bronchia, presented a minute vascular injection of a dark-red colour. The lungs exhibited a considerable amount of emphysema, and in parts presented the first stage of pneumonia.

CASE III.—*Pseudo-membranous Angina, followed by True Croup—Tracheotomy—Death on the seventh day.*—J. R., a girl, between four and five years of age, sister of the child whose case has just been described, and who, like her, had had scarlet fever, was also taken sick on the 24th Nov. 1848. The symptoms were the same as in the previous case, up to the time of my first visit, except that the child had a good deal of vomiting at the onset, and had been attacked with croupal cough and some oppression the night before I saw her.

Nov. 28th. Morning. My first visit. The child was dressed and moving about the nursery, but looked pale and languid. The voice was guttural and hoarse. Upon examining the throat, the tonsils were found to be very much swelled, and the whole fauces covered thickly with a yellowish-white exudation. The gums also presented a thin whitish layer of exudation. The tongue was loaded with fur, but moist, and there was a good deal of purulent coryza. Ordered the fauces to be touched with a solution of nitrate of silver, of ten grains to the ounce; a cathartic dose of syrup of rhubarb to be given; the neck to be bathed with a stimulating liniment; a short time after the cathartic

the child was to be put upon the use of small doses of antimonial wine and nitre, the quantity to be increased as the stomach bore it, and the child to be confined in bed, and to a bread and milk diet.

Evening. Some heat of skin; pulse 150; small and soft. While asleep there is a good deal of snoring sound in the respiration, which becomes at times faucial gurgling. Voice weak and smothered, from hoarseness, but not at all whispering. Cough rather frequent; guttural, short, and hard. No stridulous sound in the respiration while the child is quiet, but during a forced inspiration, it becomes very perceptible. When the cough comes on, the child generally rises up instantly in the bed, and evidently suffers from considerable oppression and anxiety. Drinks without any difficulty; continue the nitrate of silver application. To take a dose of three grains of calomel immediately, the antimonial wine and nitre to be resumed two hours afterwards.

29th. Has had a pretty good night, without much oppression. The cough this morning is short, guttural and smothered, and the voice hoarse and weak, but not whispering. Pulse 160, small and very compressible. Temperature of surface nearly natural; slightly warm. Tonsils exhibit less of the exudation than yesterday; back part of the fauces still thickly covered. Continue remedies.

Evening. Has more cough, which is short, sharp, croupal, and accompanied by stridulous sound during the inspirations. When perfectly quiet and awake, no stridulous sound is perceptible. When asleep there is a good deal of faucial gurgling, but no whistling. Voice becoming weaker; though still full and distinct when an effort is made. Pulse 160; respiration about 40; skin warm; fauces as before; expression good; notices everything; but has slept a good deal through the day. Drinks very well, and takes ice cream with ease and appetite. Solution of nitrate of silver to be doubled in strength, and applied by means of a sponge mop very low into the pharynx, so as to express some of the solution upon the glottis; the application to be made four times in the twenty-four hours. R.—Hydrarg. chlor. mit. et pulv. Doveri, ʒʒ gr. iii.—In chart. no. vi; one to be given every hour. An emetic of powdered alum to be given after the powders, if oppression be severe.

30th. Has had a restless, bad night, with a good deal of oppression; pulse and temperature as yesterday; cough frequent, short, smothered, preceded and followed by marked stridulous sound. Voice whispering, unless a strong effort be made, when it still retains some strength. Respiration is stridulous now whenever any exertion is made, and sometimes when the child is perfectly quiescent. Expression good; spirits excellent. The exudation has disappeared from the tonsils and uvula, but the posterior wall of the pharynx is still thickly covered. Drinks very well; tongue moist; clearing off at tip and edges, where it is red; coated in centre. The emetic was not administered. To have an emetic of powdered alum immediately, and after its operation is over, to take twenty drops of syrup of ipecacuanha every hour.

Evening. Seems to be better in some respects. Respiration snoring and accompanied by gurgling, but less stridulous than before. Skin natural; pulse rapid and small. The alum operated freely, but brought away no false membrane. Remedies continued.

Dec. 1st. Has had a bad night; sitting up the greater part of the time in the arms of the nurse; cough more frequent and smothered; voice a mere whisper; stridulous sound in inspiration and expiration, both of which very much laboured. Paroxysms of coughing occur from time to time, and are attended with violent suffocation. There is a well-marked cyanotic hue of the

integument covering the upper part of the thorax. Face pale and contracted ; violent action of the *alæ nasi*.

The degree of dyspnoea had now become so urgent, that I proposed to the father the operation of tracheotomy, in case it should be agreed upon in consultation. He expressed himself in favour of it, and, accordingly, Dr. Pancoast and Dr. C. D. Meigs met me in consultation at 11 A. M.

It was determined to postpone the operation for a short time, in order to try the effect of a prolonged warm-bath. The child was placed in a bath at 95°, the temperature gradually raised to 100°, and the bath continued twenty minutes. It was productive of no good result, however, for soon afterwards there was an attack of threatened suffocation, attended with violent tossing of the limbs and body, most distressed expression of the countenance, short, convulsive cough, extreme paleness of the face, and the operation was at once determined upon. It was performed by Dr. Pancoast, at 12½ P. M.

Condition just before the Operation.—The child is disposed to sleep a good deal, doubtless in consequence of the partial asphyxia under which she labours. The face is pale, the features contracted, and the expression anxious ; respiration 36, laborious, and attended with loud, shrill, stridulous sound. The expiration is nearly as difficult and labouring as the inspiration, while both are imperfect. It seems as though not more than the upper lobes of the lungs are distended by the act of respiration. Pulse 164 and small ; temperature natural.

Description of the Operation.—The account of the operation was kindly furnished me by Dr. Pancoast, and is given in his own words. "The structures of the neck, in the child operated on December 1st, were such as presented the least possible difficulty in the performance of the operation,—the neck being long and delicate, but little charged with fat, the sterno-hyoid muscles slender, and the thyroid gland very small. The operation was done precisely as in the other case (Case 1st,) excepting that it occupied much less time, and that the edge of the knife was employed to do little more than divide the skin and superficial fascia. The cellular tissue in the middle line of the neck, as well as the tracheal sheath and isthmus of the thyroid gland, were separated readily by tearing them up with the aid of a couple of pairs of forceps. Not a ligature was required on artery or vein. Two venous trunks filled with blood were seen, as in the former case, running down on the front part of the trachea between which the separation was made. After the excision of an elliptical piece from the front part of the third, fourth, and fifth rings of the trachea, the inner circumference of the trachea was found lined with a false membrane of much density and toughness. This was so tough, that in attempting to detach it from the side next the larynx by pulling on it with the forceps, the larynx was drawn downwards before the membrane broke. In this case, the margins of the wound in the neck remained sufficiently well apart to render it unnecessary to resort to the leaden wire, or any other means of holding them asunder. The piece excised in this case was about a third of an inch long, by about two-tenths of an inch broad. I made it larger in this case, in consequence of having seen how well a wound of twice this length, held apart for a couple of hours, with a thread passed through the divided ends of one of the cartilages, was borne by a little girl of five years old, from whom I had with entire success, extracted a piece of stout slate pencil an inch long, from the left bronchus. The child bore the operation without a struggle, and almost without a murmur."

Half an hour after the operation, the pulse was 168, small, and somewhat uneven. The respiration was 28, deep, full, generally easy, but slightly

irregular and sighing; and occasionally interrupted by paroxysms of coughing. No action of the *alae nasi* whatever; expression much more tranquil; face still very pale; though not quite so much so as just before the operation. Intelligence perfect.

5 P. M. Respiration easy and quiet; except that interrupted occasionally by paroxysms of coughing; pulse 152; fuller and stronger; regular; skin warmer than before operation; cheeks present a very slight flush; eyes bright and intelligent; tongue and lips dry. There has been one copious stool since the operation. The child has drunk several ounces of water, and has taken some ice cream without difficulty or coughing.

The patient continued easy and tranquil until a little after nine o'clock, when she was suddenly seized with difficulty of breathing, owing to the effusion of a viscid mucus into the trachea and bronchia. The dyspnoea produced by the filling up of the air-passages went on increasing until 10½ P. M., when it caused death. No false membrane was at any time expelled through the tracheal opening.

Autopsy.—The larynx, trachea, and upper bronchia were filled with cylindrical moulds of false membrane, which adhered with very little tenacity to the mucous membrane beneath. The exudation was of a duller tint than in the previous case, being rather of a dirty white, than of a pure white colour. It extended more deeply into the right than into the left lung, descending as low as the sixth or seventh ramifications in the former, but not lower than the fourth or fifth in the latter. As traced downwards it was found to become gradually softer, and almost diffuent, until at last it was replaced by a thick dark-coloured viscid fluid, which looked like recently exuded fibrine. The mucous membrane upon which the plastic deposit reposed was vascular and of a dark red colour.

The lungs presented the first stage of pneumonia in the posterior portions of the lower lobes, and traces of interlobular emphysema in different parts. In other respects they were healthy. There was no serum in the pleural cavities, and not more than a teaspoonful in the pericardium. The large veins of the thorax were filled with very thick, grumous black blood.

CASE IV.—*Pseudo-membranous Angina followed by True Croup—Tracheotomy and Recovery.*—J. R. a girl, just nineteen months of age, sister of the children whose history has been given in cases second and third, a healthy, though not robust looking child, was seized with the sickness about to be detailed, on the 14th of December, 1848, not quite two weeks after the death of her sisters. It should be remarked, however, that this child was attacked with several of the symptoms of the disease on the very night of the death of the child whose case is detailed in Case II., viz. the 1st Dec. These symptoms were hoarse, croupal and rough cough, considerable fever, and deep redness with swelling of the fauces, but no exudation. I applied a solution of nitrate of silver (ʒj to ʒj) to the fauces two hours after the symptoms were first noticed, then gave an emetic of alum, and a few hours afterwards two grains of calomel. On the following day the child was bright and lively, and entirely without cough. Five days after this she was again seized in the night with violent fever, and difficulty and pain in swallowing, as she refused for several hours to take anything except upon compulsion. I cauterized the throat again, gave a dose of castor oil, then administered small doses of antimonial wine and nitre through the day, and in the evening repeated the cauterization. On the following day the child appeared to be perfectly well, and my visits were discontinued.

On the 14th of December, seven days after this attack, she again fell sick with fretfulness, languor, diminution of appetite, and short, dry, rather frequent cough, but had no fever. On the 15th, the cough continued and had become somewhat hoarse, and I was sent for.

4 P. M.—I was very much struck at my first visit with the insidious character of the onset of the disease. As I ascended the staircase, I saw the child walking across the landing with her elder sister, dressed as usual, and with the exception of slight paleness, and a certain languor of expression, seeming to be in good health. During the morning she had been in very gay spirits, mimicking those around her with the greatest archness. And yet, at this very instant, there was a condition of disease in her fauces, which would in all probability extend to the larynx, and if so, expose her life to the most imminent danger.

Upon examination I found the fauces red, and the tonsils considerably swelled, particularly the right one. This tonsil was covered upon its posterior two-thirds with a thick, yellowish-white exudation, which extended very slightly upon the right half arch. There was no exudation upon the left side. The sub-maxillary and cervical glands were a good deal swelled on the right side, and somewhat, but less so, upon the left. The cry was a little husky. There was no heat of skin, and but little disturbance of the circulation. I immediately touched the tonsils and fauces as far down as I could reach with a stick of lunar caustic, and ordered a powder containing a grain of calomel, a sixth of a grain of nitre, and a twelfth of a grain of precipitated sulphuret of antimony to be given every two hours. The child was to be warmly clothed, and kept upon a thin milk and water diet. I requested that Professor Samuel Jackson might meet me in consultation in the evening.

Accordingly we met at 9½ P. M.—Child sleeping restlessly; respiration somewhat accelerated, with slight faucial gurgling, but no stridor; skin hot and dry; cheeks somewhat flushed; pulse quick and soft; after waking the cough was dry and husky, with a perceptible croupal sound. The cry was full and loud, but at the same time slightly hoarse. Has had one stool, and vomited once after taking three powders. The exudation has nearly disappeared from the fauces, and the mother says that she saw some fragments of a thick, whitish substance in the matters vomited, which were probably the portions of exudation that have disappeared. Fauces, and particularly the tonsils, of a bright red colour. To continue the powders. R.—Liq. potassæ, gtt. viii; aquæ, ℥ii. M. Give a dessertspoonful every two hours. Fauces not touched this evening.

Dec. 16th, Morning. Has had a pretty good night. During sleep the pulse was 114, soft and regular, and the respiration 20, easy, regular, accompanied by faucial gurgling, but unattended with any effort. Skin warm and face slightly flushed. When waked the cough was harsh and croupal, and preceded by a slight stridulous sound. The cry was husky but not at all smothered. Cervical glands on both sides of the neck somewhat swelled. Patches of yellowish-white exudation of considerable size, were visible on each tonsil, and there was a small spot also on the pharynx. There is a good deal of difficulty in swallowing, the act of deglutition exciting violent coughing. No appetite. No stool, and no vomiting. Fauces to be touched with a solution of lunar caustic of forty grains to the ounce; the powders and potassa mixture to be continued, and an enema of three grains of Dover's powder in a little starch water to be given. Milk and water diet.

10 P. M. Sleeping. Respiration 20, easy, without any stridor or effort, and attended with only very slight faucial rattling. Pulse 114 and soft. No

heat of skin. On the contrary, the forehead and cheeks are pale, cool, and covered with cool perspiration. When roused the cough was somewhat humid, but the croupal sound was also present. The inspiration was slightly stridulous when an effort was made. Fauces contain less of the plastic deposit than in the morning. Cervical and sub-maxillary glands swelled. The act of deglutition still accompanied with choking cough and suffocation. Has had one liquid stool. In consequence of the coolness of the surface and sweating, the antimony and nitre were suspended, and a grain of calomel ordered to be given alone every two hours. The fauces were touched with a solution of lunar caustic of a scruple to the ounce. The potassa mixture was continued, another Dover's powder enema ordered, and the following ointment directed to be applied to the front of the neck. R.—Iodini gr. v; ungt. hydrarg. ʒii . M.

17th, Morning. Has slept a good deal. Had three stools between 10 P. M. and 3 A. M., when an enema of three drops of laudanum was given and the calomel suspended. Two stools after this, after which one of the Dover's powders was given by injection. There was a good deal of sweating in the course of the night. Up to this time $18\frac{1}{2}$ grains of calomel have been taken.

Present Condition.—While asleep the respiration is 18, regular, and attended with some roughness of sound both in inspiration and expiration, but without whistling. Pulse 124; soft and small. A slight flush upon the cheeks. Expression tranquil. When waked, the cough was decidedly croupal, somewhat smothered, and preceded and followed by a well marked though faint stridulous sound. The voice was very hoarse and becoming weak. Skin warm, but quite soft and moist. Deglutition rather difficult, and always followed by a paroxysm of coughing. There is some exudation upon the posterior wall of the pharynx, and a very little on the posterior edges of the tonsils; none on the velum. Fauces red and swelled. Tongue presents a thick coat of white fur; it is moist. She refuses everything but water. R.—Hydrarg. chlor. mit. gr. vi; p. Doveri gr. iii: in chart. vi; one every two hours. Suspend the liq. potass. and substitute the following. R.—Ammon. muriat. gr. xxxii; ext. glycyrrhizæ ʒss ; syrup. simp. ʒss ; aquæ ʒiss . M. A teaspoonful every two hours. The ointment to be continued. An emetic of powdered alum to be given immediately.

Evening. The alum emetic operated very well, and brought away a quantity of very viscid mucus with one patch of membrane of the size of the finger nail and several shreds. Through the morning the child slept a good deal, and was pale and exhausted; the respiration was at 18, and the pulse at 132. On account of the exhaustion the calomel was suspended, and nothing but the muriate of ammonia given; while a tablespoonful of light beef tea was ordered to be administered by force, if necessary, every two hours.

In the afternoon the voice was whispering and the cry smothered. The child sat upon the lap of the nurse in very good spirits, and looked bright and lively. The fauces were red, and only very small patches of exudation were to be seen on the tonsils.

In the evening (10 P. M.) she seemed to be better. The respiration was 20, easy, and attended with only a slight degree of roughness. The pulse was 92; the cough short and smothered, and the voice whispering. The throat was touched with a solution of the nitrate of silver of ten grains to the ounce; the muriate of ammonia and ointment were continued; and the beef tea ordered to be given when she waked.

18th, Morning. Has had a very good night. This morning the respiration is

from 18 to 20, and easy. There is no stridulous sound, but merely a slight roughness in the breathing, which appears to be faucial. The voice is improved, as she can, with a strong effort, make herself heard across the room. Cough still hoarse and smothered and accompanied by a faint stridor. Deglutition much easier. There are still visible a few very small patches of white deposit on the tonsils. Tonsils much less swelled and of a less bright red colour. Pulse from 100 to 108; soft. Skin natural as to temperature; soft and moist. Much sweating through the night. Coloration of the face good, showing that the aeration of the blood is going on well. Has had four stools, the first of which was black, and the last yellowish in colour. Tongue moist and moderately furred. In excellent spirits, being much disposed to play and be amused. Strength excellent. Remedies continued.

Evening. Not quite so well. More dull and languid. Respiration easy while she remains quiet, but becomes stridulous as soon as she is disturbed. Voice again whispering. Cry weak and smothered. Deglutition not so easy. Pulse 92. Respiration 20. Suspend the mur. ammon. mixture. R.—Hyd. chlor. mit., gr. vi; p. Doveri gr. iii. M. In chart. vi. One every two hours. An alum emetic to be given.

19th, Morning. Two teaspoonfuls of alum were given last evening, and acted very speedily and efficiently, causing the rejection of a good deal of viscid mucus, but not of membrane. The breathing was easier after this. No stool. Had a pretty good night.

This morning when asleep, the pulse is 100 and regular. Respiration 20; easy, though a faint stridulous sound is perceptible, which becomes strong and hissing in both the inspiration and expiration, when any effort is made and after coughing. Cough short and smothered; unfrequent. Voice whispering. Fauces still exhibit some patches of exudation. Deglutition easy, but followed by spells of coughing. Skin natural. Face rather pale, but the cheeks flush upon emotion, and the lips are scarlet, showing that the oxygenation of the blood is still active. Expression bright. Movements quick and decided. The powders to be suspended, and the ammonia mixture resumed.

Evening. An emetic of alum was given in the middle of the day, at first two teaspoonfuls, and then, without waiting more than ten minutes, the same dose again. This was immediately followed by violent vomiting, attended with great paleness, coldness of the extremities and disposition to faintness, so that for about twenty minutes the child seemed in danger of sinking. The matters vomited consisted of very thick, sticky mucus, and a few small shreds, but no patches of false membrane.

In the evening, the breathing was easy both as to performance and rate, but was accompanied in both times by a well marked stridor. Has had three black stools. The ammonia mixture suspended, and a mild anodyne pectoral dose substituted. A dessertspoonful of wine whey to be given every hour while awake.

20th, Morning. In the latter part of the night the child was restless and peevish, and had some stridulous respiration, but nothing like suffocation. One stool.

At present the respiration is constantly stridulous to a moderate extent, and becomes much more so when the child is disturbed. Voice whispering. Cough infrequent; short and smothered. Fauces clear of exudation except a very small speck on right tonsil. Mucous membrane of throat very red and granular. The tumefaction of that part has much diminished. Tongue coated with a dark, brown fur; moist. Continue the mixture. Suspend the ointment, and apply spirits of turpentine to the outside of the throat.

In the middle of the day, as the oppression continued, a teaspoonful of powdered alum with five grains of powdered ipecacuanha was ordered to be given every fifteen minutes until vomiting was induced.

10 P. M.—After two doses the emetic produced vomiting attended with a good deal of effort, causing the discharge of a good deal of viscid, tenacious mucus, but no membrane. Very slight relief was afforded by this.

Throughout the day there has been great difficulty of breathing. The inspiration has been very loud, prolonged, and sonorous, and the expiration the same, in a somewhat less degree. The sound was very acute and whistling, so that it could be heard all over the story in which the child was placed, though the house was a large double one, and it was also distinctly audible in the story below. The cough has been smothered and short. There has been much disposition to drowsiness throughout the day. Deglutition not difficult, though followed by fits of coughing. The voice is a mere whisper and the child makes but few attempts to speak.

After a careful consideration of the state of the case, and influenced a good deal by the wishes of the parents, especially the father, who was himself a physician, and who was exceedingly anxious that everything should be done to save his remaining young child, we determined to resort to the operation of tracheotomy. Dr. Pancoast was accordingly sent for. He arrived a little before midnight, and after some hesitation, proceeded to the operation, which was performed between 12 and half past 12 o'clock.

Description of the Operation.—Dr. Pancoast describes the operation as follows. "The operation in this case, which ended successfully, was performed in the night, with imperfect light, without the requisite number of assistants, and was one of much greater difficulty than in the previous instance (Case 3d). The child struggled violently, the neck was very vascular and charged with much adipose matter; the two large inferior thyroid veins were turgid with blood, and, with several large anastomosing branches between them, occupied the front of the trachea. The thyroid gland was also proportionately large, and the isthmus as broad as the lobes. The forceps could not effect the separation of parts here as in the former case (Case 3d), and the edge of the knife had to be used. In consequence, one of the cross branches of the veins was divided, and probably an ounce or more of blood was lost before the ends could be tied. The isthmus of the thyroid gland was separated from the trachea, grasped with two pairs of forceps, and divided between them. A ligature was then applied on the end of each section.

"The piece of trachea removed in this case was considerably (about a third) smaller than in the former instance, as I had entertained a fear lest the larger orifice, by diminishing the force of the expiratory current, had facilitated the accumulation of mucus in the bronchial tubes. In the course of the following day, however, we found it necessary, in order to make the breathing more easy, to enlarge the orifice.

"In this instance, profiting by my experience in former cases, I did not carry my incision through the integuments so near the top of the sternum, which I had found, by dividing a portion of the deep-seated fascia, allowed the atmospheric air, by the suction of the parts in inspiration, to get in and form an emphysematous swelling beneath the fossette of the sternum, which seemed to have an injurious effect on the breathing, and caused the large adipose cells of this region to protrude. This limitation of the incision downwards, increases somewhat the difficulty of the operation, by narrowing the space, but is, I believe, a matter of some importance.

"Notwithstanding the advice commonly given by surgeons in operations on

the neck, and especially by Bretonneau and Trousseau in that for croup, not to tie veins of moderate dimensions when cut, I deemed it safer to place a ligature upon them, to avoid the risk of suffocation by blood entering the trachea, of which there are many cases reported."

During the operation the breathing was very bad, the stridor being constant and loud, and the inspiration attended with violent labour and heaving of the chest. At the opening of the trachea there was no expulsion of false membrane from its cavity, though there was evidently a thin layer of the exudation covering the inner surface of the small oval piece of the tube removed by Dr. Pancoast.

Immediately after the operation the breathing became easy and quiet, and the child drank largely of water without any difficulty. Six drops of laudanum were ordered to be given as an enema. The chamber was to be kept at a temperature of from 74° to 76°. The diet to be milk and water. All other remedies were suspended.

21st, Morning. Has been sleeping tranquilly for the last two hours. Respiration quiet and attended with but slight effort; 24. Pulse 124; of good volume and force. Temperature natural; skin soft and not dry. Coloration very good; the lips being scarlet, and the cheeks and ears showing a faint pink tint.

2 P. M. Awake and sitting up on the table. Respiration noisy both in inspiration and expiration, and expiration attended with a good deal of effort. There has been an occasional discharge of thick, viscid mucus in small quantity, but no membrane, from the tracheal orifice. No breathing whatever through the nose or mouth. Expression bright and intelligent. Movements quick and strong. Sits up without any difficulty. Colour very good. Refuses everything but water, which she takes very well, though it causes coughing from the frequent passage of small quantities into the larynx and trachea, whence it is discharged through the tracheal opening. One stool.

In consequence of the difficulty of breathing it was thought advisable to enlarge slightly the opening in the trachea, which had been made smaller than in the previous cases. Dr. Pancoast accordingly removed a very small portion, a mere clipping, from the left edge of the orifice. This was done without difficulty, and the child's breathing was evidently better afterwards. The leaden wire which had been placed around the neck to withdraw the edges of the external wound from the tracheal orifice, was now removed, as the soft parts had retracted sufficiently, and the pressure of the wire was irritating and inflaming the wound.

Evening. In the afternoon, while asleep, the pulse was 120, and the respiration 24. At present she is in excellent spirits, disposed to play and be amused. The respiration is noisy through the tracheal opening, but at the same time easy. The skin is soft and natural as to temperature. Some discharge of very thick, viscid mucus through the opening from time to time. Takes cold water very well, though some generally passes into the larynx and excites coughing. Has also taken some ice cream. To have an enema of four drops of laudanum. Diet, ice cream and milk and water.

22d. Has slept most of the night. There has been a very considerable discharge of viscid mucus from the trachea, perhaps half an ounce. Three stools since the operation.

At present she is sleeping rather heavily, with the pulse at 140, of good volume and force, and with the respiration at 27, without effort, though noisy both in inspiration and expiration. Surface rather warmer than natural. Wound does not look well; the edges are dry, and covered with a dirty-white

deposit, looking like plastic exudation. The integument around the cut is swelled and inflamed. Expression natural, save a little paleness and partial closing of the eyes. When awake this morning, was cross and irritable.

In view of the increased frequency of the pulse, and the unhealthy condition of the wound, the following prescription was ordered. *R.*—Hydrarg. chl. mit. gr. vi; antimon. sulph. præcip. gr. i; potass. nitrat. gr. xii. In chart. xii. S. One every two hours. The following ointment was to be applied frequently to the edges of the wound, with a camel's-hair pencil. *R.*—Oleii ricini $\frac{3}{4}$ ss; terebinth. canadens. gr. xv; ceræ alb. $\frac{3}{4}$ ss. M.

Evening. Better; pulse has fallen to 120; respiration 25; easy and quiet; interrupted only occasionally by a loose mucous cough, and by the expulsion of mucus from the wound. Wound looks softer and more healthful; countenance tranquil; strength good. Takes ice-cream well; not thirsty. No passage of air whatever through the mouth or nose. This was carefully tried by holding a very light thread before those passages during sleep. Two stools to-day. Powders to be given only every four hours. To have two drops of laudanum, if restless. Diet, rice-gruel, and ice-cream.

23d, Morning. Has had an excellent night. Last evening was heard to sneeze distinctly, though no air could be detected as passing through the upper air-passages. At 11 P. M., after having had considerable oppression for some minutes, followed by a violent fit of coughing, she ejected through the tracheal orifice, two fragments of tough, white, false membrane, near a line in thickness, one of which was about as large as the little finger nail, and the other rather smaller.

This morning the pulse is 108, and the respiration 22, and easy.

In the middle of the day a thread suspended before the mouth and nose, waved backwards and forwards, showing for the first time clearly that laryngeal respiration had returned, and making it highly probable that the portions of false membrane which came away last evening, were those which had been occluding the passage through the glottis previous to, and for forty-eight hours after, the operation.

From this time forward the case went on in the most favourable manner, with the exception that there was an inclination to moderate diarrhœa, which was kept in check, and after several days arrested by the use once or twice daily, of injections of two drops of laudanum, and by the restriction to a diet of milk and thick rice-gruel, the latter being prepared with the addition of a small quantity of gelatine. Up to the first of January she continued rather weak and pale, and emaciated a good deal, but after that time, regained her usual looks. These symptoms and the diarrhœa were the only effects that could be traced to the calomel that we were obliged to administer, amounting in all to between twenty-eight and thirty grains.

On the evening of the 24th, she was first heard to speak in a faint whisper. On the 26th the voice had become much stronger, and on the 27th the cry was full and strong, and had a peculiar reedy sound, which I had heard also in Case I. During this time the wound was closing rapidly at the bottom by granulation, and on the 31st, it was so much filled up that the child was for the first time observed not to breathe through it even in coughing, or any other effort. It was finally cicatrized about the 6th of January, 1849. The only dressings employed were the ointment referred to above, and the use of adhesive strips, of which only one was applied at first, on the 26th of December, so as merely to approximate the edges of the incision, while as the tracheal opening became smaller, the number of strips was increased, and the edges of the wound drawn into contact.

CASE V.—*Pseudo-membranous Angina and True Croup—Recovery under blood-letting, calomel, emetics, and cauterization of the throat.*—The following case is one to which I was called in consultation by my friend Dr. Henry H. Smith, to whom I am indebted for notes detailing the history of the attack prior to my visit.

L., a girl generally healthy, but subject to spasmodic croup, between three and four years of age, was attacked in the evening of the 28th of November, 1848, with the ordinary signs of spasmodic croup, for which the parents gave a warm bath and some of the mel. scillæ comp. She was better the next morning, and through the day, but was attacked again at night. During the 30th, she had a hoarse voice, croupal cough, and wheezing respiration all day, and in the night of that day suffered with severe oppression, the respiration being quick and stridulous, and the cough hard and dry. She had made no complaints of sore throat up to this time. On the 30th, she was cross and irritable, and but little disposed to play.

Dec. 1st. Dr. Smith saw her at 11 A. M. "Pulse quick and frequent; 120. Respiration accelerated, about 30; short and hurried; stridulous. Voice slightly hoarse; cough hard and barking. No complaints of sore throat. Tongue slightly furred; bowels constipated. Ordered: R.—Calomel gr. vi; pulv. sacch. alb. gr. xii: in chart. iii. S. One every two hours. Frictions with spirits of turpentine to the front of the neck, until the skin is reddened.

"7 P. M. Stridulous respiration and oppression increased. Pulse 130, and irritable; purged by the calomel. Ordered venesection to three ounces. R.—Pulv. aluminis ʒss. A teaspoonful every half hour, till vomiting is induced. Coxe's hive syrup through the night; a warm poultice of mush to chest, and throat; warm pediluvium; emetic to be repeated in the night, if oppression returns.

"2d. Rested badly; considerable oppression; breathing quick and laborious; expiration strong; no mucous râle; lower part of left lung not filled by inspiration; livid around the eyes; throat inflamed, and left tonsil enlarged; patches of lymph on tonsils and fauces; disposed to sleep, and has stertorous respiration when sleeping; roused with difficulty; fauces touched with solution of nitrate of silver of thirty grains to the ounce. R.—Calomel gr. iv: in pulv. ii. One every two hours. After the powders are given, to have an emetic of alum. Omit the hive syrup. Renew the frictions with turpentine.

"Evening. No improvement; pulse very frequent; respiration stridulous; voice not much improved; repeat the frictions with turpentine, the warm poultice, and the alum emetic. To have a warm bath; hive syrup to be given occasionally through the night after the emetic.

"3d. Rested better; had considerable perspiration after the emetic; much disposed to sleep; has stertorous respiration, and is roused with difficulty; hoarse, croupy cough; voice hoarse; very feverish. The alum emetic was repeated, and brought away shreds and patches of lymph, of the size of the little finger-nail, with very little mucus, and a small quantity of blood. Fauces touched with the lunar caustic solution. To continue hive syrup. Ordered two dozen leeches to outside of tonsils, larynx, and trachea, to be followed by the application of warm cloths.

"2 P. M. Slightly relieved in breathing, and not so livid about the mouth and eyes. Has been freely purged. Continue warm applications to the neck; slightly debilitated by the depletion; has vomited again, and ejected more lymph from the free use of the hive syrup."

6 P. M. I saw the patient for the first time. She was decidedly better

than at the last note, though the respiration is still distinctly stridulous, the stridor being heard both in the inspiration and expiration, while the child is sitting quietly in a chair. Cough hoarse and croupal, and accompanied by loud stridor. Voice very hoarse, and somewhat smothered, though not whispering. Expression tranquil and quiet; rather languid. Skin warm and dry; pulse accelerated; soft. Fauces red and swelled, with small patches of whitish exudation on each tonsil, and on the posterior walls of the pharynx. R.—Hydrarg. chlor. mit. gr. viii: in chart. iv. One every two hours. Alum emetic to be given in the night, if there should be any suffocation. Fauces to be touched with the wash.

4th. Better; has taken two powders. Slept a good deal. As there was severe oppression at 5 A. M., the alum was given. It operated freely, and gave much relief. No stridulous sound now while she is quiet, but it becomes loud and distinct when she cries or coughs. Cough still hoarse and croupal; not at all loose. Voice hoarse, but decidedly better than yesterday. Right tonsil and posterior wall of the pharynx still exhibit small patches of exudation; none on left tonsil. Continue the powders, and repeat the application of the wash.

Evening. Much better in all respects.

After this time the child convalesced, and soon recovered entirely.

Remarks.—I would now ask the attention of the reader to a few remarks on the treatment of the diseases of which the cases given above are examples, and on the operation of tracheotomy.

It seems to be generally conceded by late writers on pseudo-membranous angina and laryngitis, that the most important remedies against these diseases, are emetics, mercury, and cauterization of the fauces and glottis. The opinions as to the propriety of blood-letting, are more at variance.

The importance of the frequent and persevering use of emetics, has been insisted upon by almost all writers, but by none so strongly, and with such force of proof, as M. Valleix. (See *Guide du Med. Prat.*, t. i. p. 357 *et seq.*) He there states that, of 53 cases carefully selected as instances of true, in contradistinction to false, or spasmodic croup, emetics were employed as the basis of the treatment in 31, and of these 15, or nearly half, recovered. Of the 22 others, on the contrary, in which emetics were only rarely given, but a single one recovered. In a paper by the writer, (already referred to,) the good effects of emetics were clearly shown in several of the cases detailed. Emetics were freely used in Case V., reported above, and evidently assisted materially in bringing about the favourable result which ensued. They were used also to a considerable extent in Case IV., but without producing any permanent relief. In Cases II. and III., in which the anginous affection constituted a prominent part of the attack, they were not, partly on account of the difficulty of administration, used to the extent that might have been desirable. In Case I., an emetic was given as soon as I saw the child, but the disease had advanced too far to be benefitted by anything short of tracheotomy.

Equally important with emetics, perhaps more so, in the treatment of the disease is mercury, given in considerable doses, and continued for some length of time. I am inclined to doubt, indeed, for my own part, whether it is not

by far the most important agent at our command, in the malignant cases commencing as angina, and proving fatal by the extension of the exudation to the larynx and trachea, and in many instances, to the deeper ramifications of the bronchia. Its great importance in controlling the extension of the exudation, and causing its dissolution or absorption, is clearly shown by the evidence of many high authorities, and particularly Dr. Bard of New York, Bretonneau, Rilliet and Barthez, and many of the English authors upon croup and angina. Dr. Bard, in speaking of mercurials, in his paper on Angina Suffocativa, (*Trans. Am. Phil. Soc.*, vol. 1,) says, "the more freely I have used them, the better effects I have seen from them." He gave calomel in the quantity of thirty or forty grains in five or six days, to children three or four years old.

In the seventh volume of the *North American Medical and Surgical Journal*, p. 66, is a very interesting account of four cases of pseudo-membranous angina, and croup, communicated to Dr. Caspar Wistar, under the title of "Cases of Gangrene of the Throat, indicating a treatment by the use of Calomel," by Dr. T. R. Beesley, then of Salem, New Jersey, now a well-known and extensive practitioner in this city. The first case detailed began as pseudo-membranous angina, and proved fatal in two and a-half days, by the extension of the disease to the larynx. The second case occurred in the same family as the first, the attack coming on the day after, exactly in the same manner. This case proved fatal in ten days, not from the extension of the exudation to the larynx, but from its upward direction to the nasal passages, and the subsequent occurrence of hemorrhage from the mouth and nostrils, and profound exhaustion, attended with petechiæ, and the sloughing of a surface upon which a blister had been applied in consultation. The third case occurred in the same family, the attack coming on the day after the death of the subject of the one just referred to. The duration in this instance was nineteen days. It began as angina, as in the preceding instances; the disease extended to the larynx, and on the fifteenth and sixteenth days, the child seemed almost hopelessly ill from the intense orthopnoea under which he laboured; nevertheless, he recovered. The fourth occurred in a different family, but in the same neighbourhood, thirteen months after those just cited. It was one of violent pseudo-membranous angina, lasting ten days, without extension, however, to the larynx. It terminated happily after a violent illness.

The two fatal cases were treated by a sulphate of copper gargle, by stimulants and tonics, and by a single purgative dose of calomel in each. The two favourable cases, which were attended by Dr. Beesley subsequently to the two others, were treated with large doses of calomel (from five to eight grains, twice or three times a day) alone, or in combination with antimonial powder or opium, and by a moderate use of stimulants. Dr. Beesley, in his observations upon the cases, makes the following remarks: "On a review of these cases, it would seem that large and repeated doses of calomel appear to be of primary importance in their treatment, and that salivation is neither necessary nor desirable."

Dr. Joseph Parrish (*New Jersey Med. Rep.*, Oct. 1848) recommends, in cases of membranous croup, small doses of calomel at first as a purge, and then in combination with Dover's powder, or ipecac., so as to obtain the diaphoretic and anodyne action of the one, and the alterative effect of the other. The writer insists particularly upon the use of anodynes, for the purpose of obviating the spasmodic element of the disease, which he conceives to exert a very serious influence upon the gravity of the disorder. He employs, in addition to these means, cauterization of the fauces, repeated every two or three hours, with a solution of nitrate of silver of a scruple to the ounce. He opposes the use of blood-letting, and states that the first cases which he met with died under that treatment. One of these, however, it should be remarked, was not an instance of true croup, but apparently one of simple laryngitis, or possibly of that purely spasmodic disease of the larynx, called laryngismus stridulus. Dr. Parrish treated five cases of croup in the mode above recommended, and of these four recovered. Of the four recoveries, however, in only two were there positive indications of the presence of false membrane, while in the other two there was no appearance of membrane either in the matters vomited, or in those passed by stool. I would suggest whether the two cases in which there was no membrane, might not have been instances of severe simple laryngitis, a disease in young children, in which I have frequently observed the most threatening croupal symptoms to last with great intensity for one and two days, and even longer, but a fatal case of which I have thus far had the good fortune not to witness, though I am well aware that they do occasionally occur.

Dr. Charles West, in his recent work, (*Lect. on the Dis. of Infancy and Childhood*, London 1848, p. 238,) places his chief reliance, in cases of croup attended with exudation in the fauces, on cauterization and emetics, but remarks that calomel is "not to be omitted." In croup unconnected with pharyngeal exudation, he recommends that mercury should be resorted to after the violence of the disease has been subdued by depletion and antimony, and remarks that "it counteracts the tendency to the formation of false membrane in the air-passages, and prevents or subdues that inflammation of the lungs which is so frequent and so fatal a complication of the disease." (*Loc. cit.* p. 229). He uses with this view calomel internally, and mercurial inunction. Mr. Porter (*Surg. Obs. on the Larynx and Trachea*, p. 45) seems to have less confidence in the effects of mercury in croup than many others. Mr. Ryland, on the contrary, (*Dis. of Larynx*, p. 146-7,) places very great dependence upon it, and many other English writers might be quoted who speak in the highest terms of its utility in the disease. The evidence of the English authors on this point is not, however, it seems to me, of equal importance with that of the French writers, as they have not, in their descriptions, drawn that rigid distinction between membranous and spasmodic croup, and simple laryngitis (laryngitis without exudation), which the authors of the latter nation have done for a number of years past.

Amongst the French authors who have particularly recommended and employed mercury against membranous croup, are Billard, Bretonneau, Troussseau, Barrier, Guersant, and Rilliet and Barthez. As a general rule, the writers just quoted administer it in rather large and frequently repeated doses, and many employ it also by inunction.

Mercury has also been highly eulogized by many of our own writers in the treatment of pseudo-membranous angina and croup. Indeed, to Dr. Douglass of Boston, and to Dr. Bard of New York, is apparently due the credit of having first applied it to the cure of these diseases. Of many others who have recommended it more or less strongly, I may mention the names of Drs. Rush, Kuhn, Stearns, Dewees, Eberle, Hosack, Condie, and Beesley and Parrish, already quoted.

One of the cases reported above, Case IV., is, it seems to me, strongly illustrative of the power of mercury to arrest the progress of the exudation in pseudo-membranous angina. The subject of that case was a young child, whose two sisters (Cases II. and III.) had perished from the extension of the disease from the throat into the larynx, trachea, and far down into the bronchia, two weeks before she herself was attacked. It is reasonable to suppose that the disease in this case would tend to assume much the same features it presented in the two others. And so, indeed, it proved; for in a very few days, the plastic deposit covered the whole of the fauces, and from the gradual suppression of the voice and cough, the violence of the dyspnoea, and the persistent stridulous sound of respiration, it became clear that the larynx was involved. This was shown to be the case also by what occurred during and after the operation of tracheotomy, which was resorted to on account of the severity of the laryngeal symptoms. A thin false membrane was found lining the trachea, and two large patches of dense, fully formed exudation, were expelled through the tracheal opening, at the end of the second day after the operation. That the downward progress of the exudation was arrested in this case by medical treatment, seems to me a reasonable supposition, upon comparing the history of the case with that of the previous two in the same family, and upon a consideration of the early and rapid extension of the deposit, prior to the administration for some length of time of certain remedial agents. That mercury was the agent which produced this happy result, seems to me equally clear, from the fact that it formed the basis of the treatment.

Calomel also formed an important part of the treatment in case fifth, though from its union with active depletion and frequent emetic doses, it is doubtful in what degree the successful result was owing to the mercurial remedy. In the two fatal cases calomel was also used, but not to the extent which might have been desirable, from the fact that my attention was more taken up in those instances, with the attempt to arrest the progress of the exudation by frequent cauterization of the fauces. It ought to be remarked, however, that, from the advanced stage at which these cases were first seen, (three and a

half days' duration, and the fauces filled with thick dark-coloured exudation,) it was scarcely possible to expect much from any treatment.

Cauterization of the fauces was mentioned as forming another essential part of the treatment of the two diseases, as laid down by most recent writers. This is especially insisted upon, and is particularly important, in pseudo-membranous angina, where it is used to prevent the spread of the exudation from the fauces to the larynx. The remedy most generally employed with this view is nitrate of silver, either in the solid state, or more frequently in solution. The strength of the solution varies with different practitioners, from a saturated one to one of from a scruple to one or two drachms of the salt to the ounce of water. Dr. Samuel Parkman (see this Journal for January, 1849, p. 26) reports five cases of membranous croup treated by Dr. Clark, by the cauterization of the fauces, and by the use of Dover's powder. No other means were employed. The strength of the solution was two scruples to the ounce. Three of the five cases recovered. Dr. Joseph Parrish (*Loc. cit.*) employed a solution of a scruple to the ounce, applied every two or three hours. Dr. Charles West, of London (*Loc. cit.*, p. 238), states that in most instances a solution of a scruple to the ounce answers every purpose. When, however, the deposit of false membrane is very extensive, or the ulceration about the tonsils presents a sloughing character, he prefers strong hydrochloric acid, diluted with two or three parts of honey. This latter escharotic is the one which was chiefly employed by M. Bretonneau. He used it either pure or mixed with an equal quantity of honey, and applied it once or twice a day according to the necessity of the case. As a general rule, the solutions of nitrate of silver recommended by the French writers are stronger than those mentioned above. They are seldom less than a drachm to the ounce, and are often much more concentrated.

The nitrate of silver was employed in four of the five cases reported above. The case in which it was not used, did not, as stated, come under my charge until about half a day before it was necessary to resort to tracheotomy. The solution employed was one of a scruple to the ounce in Cases II. and III.; it was applied generally four times a day. In Case fourth, the fauces were touched at first with the solid nitrate, and once afterwards with a solution of forty grains to the ounce, and after that with one of half that strength. It was not, however, applied so frequently as in Cases II. and III. In Case V., the solution used was one of thirty grains to the ounce.

I was much disappointed, I may remark, in the effects of the local treatment in four of the above cases, as it seemed to exert but little influence upon the faucial exudation. This seemed to me to be particularly the case in numbers two, three, and four, while in number five, the application did appear to cause a speedy disappearance of the deposit of the fauces. There can be no doubt, however, that cauterization ought to constitute an essential part of the treatment in all cases of membranous croup and membranous angina, though

I am disposed to believe that it exerts a less powerful influence on the disease, than either mercury or emetics.

With a few observations upon blood-letting, I shall close my remarks upon the medical treatment of the affections under consideration, and pass on to the operation of tracheotomy.

My experience in regard to blood-letting in membranous croup has led me to the same conclusions as those to which Dr. Charles West has arrived. These are that depletion is of the utmost importance in idiopathic croup, or the form not preceded by pseudo-membranous angina, and which is generally marked by all the characters of active sthenic disease. Dr. West states (p. 227), "I have never met with an exception to the rule which prescribes the free abstraction of blood in every case of severe idiopathic croup, when seen at an early period, and before the purple lips and livid countenance, and failing pulse, announce the long continuance of a serious obstacle to the free admission of air into the lungs." That bleeding is not only well borne by children labouring under this form of membranous croup, but that it is highly useful, is, it seems to me, clearly shown by number five of the above cases, and also by several cases formerly published by myself. (See *Am. Journ. Med. Sci.*, April 1847.) On the contrary, so far as my experience goes, blood-letting is not indicated, nor does it prove useful, in cases of croup following pseudo-membranous angina, as that form of the disease is almost always associated with an asthenic condition of the constitution, which either forbids entirely a resort to such treatment, or the employment of it only to a very moderate extent. The rapidity and softness of the pulse, the paleness of the surface, the absence of heat, the early loss of strength, and the disposition to drowsiness and debility, from a very early period, all seem to point out clearly the necessity of abstaining in a great measure from this method of treatment. Dr. West remarks (p. 238), in regard to the form of croup connected with inflammation of the tonsils, soft palate, and fauces, and the deposit of false membrane upon them, that "under whatever circumstances this form of croup may occur, whether as an idiopathic malady, or as a sequela of measles, or of some other disease, it is generally attended with so great a depression of the vital powers as to contraindicate the employment of active antiphlogistic treatment." He has occasionally, however, when it occurred as an idiopathic affection, applied leeches to the throat if there was much tenderness about the larynx, or if the croupy symptoms had early acquired considerable intensity. The two means on which he chiefly relies are "the careful and repeated cauterization of the fauces, and the employment of emetics."

It is impossible, in a paper like the present, to enter into a full discussion of the merits or demerits of the operation of tracheotomy, a proper consideration of which would require a great deal of space, and a reference to many different authorities. I shall therefore confine myself to a few brief remarks, being desirous merely of calling the attention of the profession in this country, to a more serious appreciation of the operation, which certainly seems to have

rescued two of the children whose cases are given above, from impending death.

It is well known that tracheotomy in croup has been held in slight favour for several years past, in this country, and in England. The reason of this undoubtedly is that the operation has failed in the great majority of the instances in which it has been performed. That such has been the result of the operation in this city I feel sure, though I have no means of ascertaining with precision the number of cases in which it has been resorted to. I have been able, however, to collect its results in five cases in which it was performed prior to 1848, and in four, exclusive of those detailed in the present paper, performed in that year, making nine in all, and in all of these it was unfortunate. To show the opinions of English writers upon it, the following quotations are made. Dr. Chas. West states that, in England "the result of almost every instance of the performance of tracheotomy in cases of croup, has been so unfavourable that the operation is scarcely looked on as a justifiable proceeding." Dr. Williams (*Lib. Pract. Méd.*, vol. ii. p. 256) is opposed to the operation, because of its dangers, of the few chances of success it affords, and because "it has been decisively negatived by Dr. Cheyne, Mr. Porter, and other of the best authorities." He states that "in general it can scarcely be said that the performance of the operation is justifiable." Mr. Porter (*Surg. Obs. on the Larynx and Trachea*, p. 64) says, "I have known and heard of it often, but never understood that it produced a recovery." Mr. Ryland (*Dis. of Larynx*, p. 159) remarks: "With regard to the general results of tracheotomy, when performed for the cure of croup, I have no hesitation in saying that they are so unfavourable as to warrant us in the strongest condemnation of it under almost every conceivable circumstance."

It is opposed also by Drs. Dewees and Eberle in our own country. Dr. Jas. Stewart (*Dis. Child.*, 2d ed., p. 86) says, in speaking of the operation, "It is indeed a desperate resource, and one which has not received the sanction of many eminent men, either in Europe or in this country, having produced the wished-for result in but few instances."

In opposition to this array of opinions adverse to tracheotomy in croup, I shall merely quote the statements in regard to its successful results, given by M. Valleix (*Guide du Méd. Prat.*, t. i. p. 389.) This writer tells us that he collected together 54 cases of undoubted true croup, treated without the operation, and found that 17 had been cured. Then, examining what had occurred in regard to the operation, he found, as M. Bricheteau had done before, that one in every three upon whom it had been performed, had recovered, a success almost precisely the same as had taken place in the cases treated by medical means alone. "But," he goes on to remark, "there is one consideration of very great importance, which gives an altogether different importance to tracheotomy, to wit, that in the immense majority of instances, the operation was performed under the most discouraging circumstances, and only when all other methods of treatment had proved useless, and the severity of the

symptoms, and the near approach of asphyxia, indicated impending death. Who will fail to see that a single cure, under such circumstances, is of much greater weight than several obtained in cases against which all the resources of the art had been applied from the first? Whence it follows that tracheotomy ought to be regarded as a great medical achievement, the honour of which belongs to M. Bretonneau, and all prejudices should vanish before the facts. It need not surprise us, therefore, to find that, in the course of late years, the operation has become very frequent, and has received the approbation of the best thinkers. I might cite the successful operations of MM. Scoutetten, Gendron, Senn, Petel, Maslieurat-Lajémard, Robert Latour, (*Clinique des Maladies des Enfants*, vol. i. p. 285,) &c.; but, in order to show what may be expected from tracheotomy, so dreaded by our predecessors, it is only necessary to state the number of operations performed by M. Trousseau, and the cures effected by him. M. Trousseau, the most ardent defender of the operation, has himself performed it 119 times, and has, it may be asserted, saved the lives of 25 of the patients who underwent the operation."

There is a point of view in which the operation should be regarded, which has not been adverted to by M. Valleix—I mean the question whether the operation itself is attended with danger. M. Trousseau (*Rilliet et Barthez, Mal. des Enfants*, t. i. p. 386), says, "tracheotomy and laryngo-tracheotomy, often performed for the removal of foreign bodies from the air-passages, are scarcely ever followed by fatal consequences; the operation in itself, therefore, is not dangerous." He also remarks, "These results prove, not that tracheotomy is dangerous, absolutely speaking, but that it may be so when the symptoms of asphyxia have been allowed to last a length of time before its performance." M. Guersant (*Dict. de Méd.*, t. ix. p. 377) says, "it removes at once the signs of asphyxia, and undoubtedly prolongs the lives of the patients, even when it does not snatch them from certain death." He states that he would recommend the operation, even if pneumonia of one side were present, though it offers but little chance of success; and adds, "but I feel sure that it does not add to the danger of the disease."

If it be true that tracheotomy is not in itself dangerous to life, and if it removes for a time, at least, the dreadful dyspnoea under which the patients labour, must it not increase in some measure the chances of recovery, by prolonging life, and thus giving to nature time to bring the diseased action to a close, and to the physician opportunity to administer the remedies most successful in opposing the extension of the exudation, and in promoting its dissolution and expulsion?

With regard to the cases of croup in which tracheotomy ought to be resorted to, it seems to be generally conceded by those who countenance its performance, that there is little, if, indeed, any prospect of success from it, when the plastic exudation has extended into the lungs; whilst, so long as the deposit remains confined to the larynx, trachea, and even, probably, the primary

bronchia, the operation is generally regarded by those who do not condemn it altogether, as entirely justifiable. I would state, as the result of my own slender experience, (limited to the three cases above,) and of my reflections upon the subject, that I would not hesitate, at present, to propose it, whenever I could believe that the false membrane was confined to the larynx and trachea, and whenever, after a careful and energetic employment of medical remedies for a proper length of time, the symptoms occasioned by the presence of the exudation in the air-passages, were such as to make me believe that the life of the patient was in imminent danger. I am well aware that M. Trousseau recommends a resort to it, so soon as the symptoms in the case reveal the presence of the deposit in the laryngeal tube, and perhaps this may be the result at which more extended observation and experience shall arrive; but, as I have seen several children recover from the disease under medical treatment, even after the evidences of the presence of the membrane in the larynx had existed for two, three, and four days, I should feel indisposed to recommend the surgical treatment of the malady, until after sufficient time and trial had shown the inefficacy of medical means. No doubt this very delay exposes the patient to the risk of the spread of the disease to the lungs, and the consequent almost certain failure of the operation; but the physician should watch the patient in the most searching and assiduous manner, and endeavour to determine whether such an event is taking place, and if so, at once propose the operation.

It becomes, therefore, of the highest possible importance to be able to ascertain what extent of the air-passages may have been invaded by the exudation. Unfortunately this is always very difficult, and often impossible. It has been thought by some that it could be determined by auscultation, but in many instances the laryngeal stridor masks all other sounds, or the entrance of air into the lungs is so imperfect, in consequence of the obstruction of the air-passages, that no vesicular murmur can be perceived, or it is so feeble as to yield no satisfactory results. It seems to be generally conceded at present, therefore, that auscultation cannot be depended upon for the determination of this point.

It has seemed to me, I venture to suggest, that we could infer with very considerable probability the extent of the exudation, by a careful consideration of the history of the case, and of the general symptoms. Is it not probable that the constitutional symptoms would be more severe in cases in which the exudation has extended far into the bronchia, than in those in which it is confined to the larynx alone, or to the larynx and trachea? In the former condition the aëration of the blood is vastly more interfered with than in the latter, for not only does the laryngeal impediment to the entrance of air (mechanical obstruction and closure by spasm) exist, but, the air which obtains admission into the lung is prevented, by the interposition of the false membrane, from coming in contact with the living surface of the bronchial mucous membrane, so that the interchange of oxygen and carbonic acid essential to hema-

toxis, can no longer take place over so much of the bronchial surface as may be covered by the deposit. In the other condition of things, on the contrary, we have only the laryngeal impediment present. What air enters the lungs, though it be in small quantity, is placed in its natural relation to the pulmonic mucous tissue, and will far better effect the change of the blood, than under the circumstances just referred to. It seems to me, therefore, that we should have, in the former case, a more disordered state of the circulation, and more marked symptoms of asphyxia than in the latter, unless, indeed, just before the fatal termination, when, no doubt, they would be much the same in both. In two of the operations recorded above, the membrane was evidently confined to the larynx in one, and to the larynx and trachea in the other, while, in the third operation, it was found after death that the disease had invaded the bronchia as far as they could be traced. Now, in neither of the subjects of the two former operations, was the pulse nearly so rapid as in the latter. In one of the two it was unfortunately not counted until the day after the operation, when it was found to be 116, but I feel sure that it was not over 130 before the operation. In the other case the pulse was between 120 and 130 before, and 120 after the operation. In the third case, on the contrary, it was 164 just before the operation, and had not been under 150 for four days prior to that time. In Case II., in which the operation was not performed, and in which the membrane was found at the autopsy to have greatly implicated the bronchia, the pulse was 140 and 150 for several days before death.

It seems probable, moreover, that in cases in which the membrane is extensively formed, the signs of asphyxia, the paleness of the surface, drowsiness, etc., will be particularly marked, and that they will have lasted longer and have come on more slowly, than in the instances in which the asphyxia depends solely on laryngeal obstruction. Might we not conclude, therefore, that the operation is particularly applicable to cases in which the dyspnoea and signs of asphyxia have come on rapidly, but in which, notwithstanding, the pulse remains not exceedingly rapid (below 140); whilst, in cases in which the asphyxia has come on more slowly, and in which the pulse is very frequent (over 140), and particularly in those in which it has been so for several days, is it not more probable that in such the exudation has extended to some distance into the lungs, and that therefore the operation is much less likely to be successful? Time and observation alone will show whether these suggestions have any real value.

As I have met with some persons who supposed that the false membrane almost always extended into the lungs in fatal cases, and that, therefore, tracheotomy must necessarily be useless when employed as a last resort, it will be well to quote the following facts to show how far this idea is from the truth. M. Hussenot (quoted by *Rilliet and Barthez, loc. cit.*, p. 318) states that of 120 cases in which the existence of the false membrane in the larynx, trachea or bronchia, was ascertained, it was found not to extend beyond the trachea in 78, while in 42 it had implicated the bronchia. It appears from

this table, therefore, that the exudation was present in the larger bronchia in about a third of the cases, but at the same time, it was proved that it rarely penetrates into the smaller ramifications. Dr. Charles West (*loc. cit.*, p. 221) says: "I have usually observed the false membrane lining the whole of the larynx, and reaching down to the lower edge of the thyroid cartilage, while the trachea contained nothing else than a puriform matter, or glairy mucus, sometimes of a reddish colour." I may state that of four autopsies of membranous croup that I have witnessed, in two the plastic deposit extended into the bronchia, in one it was present in the larynx and trachea, and in one it was confined to the larynx.

In regard to the mode of performance of the operation in the above cases, I am desirous of calling the attention of the reader to the fact that Dr. Pancoast removed in each, a portion of the substance of the trachea, and thus rendered unnecessary the use of canulas or dilating instruments. The only apparatus employed after the operation was the leaden wire described in Case I. which was used to keep the edges of the soft parts from closing over the tracheal opening. Even this was found unnecessary in Case III., owing to the superficial position of the trachea, and the retraction of the muscles and integuments. In the other cases the wire was removed in one about 14, and in the other 24 hours after the operation. This mode of operating was first recommended, so far as I can learn, and I believe practiced, by Mr. Lawrence, of London. It was afterwards successfully employed by Mr. Carmichael, of Dublin, on an adult, on the 28th October, 1823. (See *Trans. Dublin Coll. Phys.*, vol. iv. 1824, p. 312.) Various objections have been made to the removal of the piece from the trachea; amongst which are, that it does not give an opening of sufficient size, and that the loss of substance might, at a subsequent period, diminish the calibre of the trachea to a dangerous extent. To the first mentioned objection I think that the cases given above, and the one of Mr. Carmichael are sufficient answers. In regard to the second I may state that it is now upwards of eight months since the operation was performed in one, and two months in the other, and that no signs of such difficulty have appeared in either.

I cannot close these remarks without a short notice of the treatment pursued by MM. Bretonneau and Trousseau after the operation, and which is supposed to have a very great influence upon its result. M. Trousseau (*loc. cit.*, p. 377) is of opinion that the topical treatment after the operation is of the very greatest importance. In order to test the point, he treated twenty children in succession without these means, "and the results were so deplorable that I was obliged to return to the topical medication, with which I had, before this, succeeded far better."

The treatment referred to is as follows. When the child operated upon is vigorous, when it has energetically expelled the false membranes contained in the air-passages, and when the respiration is easy, from fifteen to twenty drops of a solution of nitrate of silver of six grains to the ounce of water should be

instilled several successive times into the trachea. This instillation is to be repeated four times on the first, three times on the second and third days, and once or twice on the fourth day, after which it is to be suspended. Concurrently with the instillation, the trachea is to be *écouvillonnée*, swabbed out or cleansed, by means of a mop, consisting of a very small piece of sponge fastened upon an extremely flexible whalebone, and moistened with a concentrated solution of nitrate of silver, consisting of a scruple of the salt to five scruples of distilled water. The latter treatment alone is necessary when it is found that the larynx only has been implicated. The cauterization with the sponge is to be repeated as often and continued as long as the instillations of the cathartic solution.

The instillations of water and the *écouvillonnements* are also of great importance in the treatment.

When the cough is loose and the expectoration easy, there will be no occasion for the instillation of water. Under the opposite circumstances, from eight to ten drops of tepid water should be instilled into the trachea once or twice in the hour; the water mixes with the mucosities, softens them and facilitates their expulsion. The water should always be instilled after the introduction of the argentine solution, in order to soften the mucosities which may have been coagulated, and to facilitate their ejection.

It is necessary to use the sponge whenever the canula or trachea seem to be impeded. The use of the sponge will be rendered more efficacious by the previous instillation of water. If the sound of a valve or a peculiar whistling which gives the idea of the presence of floating false membranes, be heard in the trachea, it is necessary to use the sponge probang repeatedly until the false membranes are detached and expelled. The employment of the probang is the more necessary in proportion as the symptoms following the operation are the more dangerous. "It never does injury, but is always followed by greater calmness of respiration, even in the last moments of life, and though the sponge bring away neither mucosities nor false membranes."

"With these methods of treatment, which are carefully employed by M. Bretonneau and myself, the success of the operation has not been brilliant; nevertheless, M. Bretonneau, in twenty operations, has saved six children; in one hundred and twelve I have saved twenty-seven. M. Leclerc, of Tours, who has adopted the same system, reports one success in two operations that he has performed. M. Velpeau, pupil, like myself, of M. Bretonneau, has cured two children out of ten. M. Petel, of Chateau-Cambrésis, who has pursued the same methods, has succeeded in three of six operations that he has performed. Thus, out of one hundred and fifty cases of tracheotomy, we count thirty-nine successes, or a little more than a fourth."

ART. IV.—*Extracts from the Records of the Boston Society for Medical Improvement.* By SAMUEL PARKMAN, M. D., Secretary.

Nov. 13th. *Hydrophobia*.—Dr. Curtis of Lowell, read the following case:

Mr. W. H. B., aged 18 years, very muscular and dark complexioned, of good health and excellent habits, while engaged as an auctioneer's clerk in Lowell, was bitten on the 29th of July last by a strange dog, which had been left by an Irishman for sale. The dog was attempting to escape when young Burdwell caught him, but on receiving a bite near the right wrist relinquished his hold, and the dog, making his escape, has not been heard of since. The wound, which was about three-quarters of an inch long on the inner side, and about a quarter on the other side, was dressed by a physician with common adhesive plaster and readily healed.

Some apprehensions that the animal might have been rabid were entertained by the bitten, but he pursued his business, and felt no unpleasantness except some mental anxiety, till Saturday, Nov. 4th, when his arm was somewhat painful. On the following day he took a bath instead of going to church, and at night bathed his arm in alcohol, describing the pain as rheumatic. On Monday he attended to his usual business with some uneasiness in his wounded arm.

On Tuesday, the day of the presidential election, he went to the store in the morning, but soon left to call on Dr. Graves for advice, to whom he related the facts, together with his suspicions that the pain might have some connection with the bite. A mild cathartic and a warm bath were advised and taken. About 4 P. M. he complained that the water tasted bad; by 4½, he was unable to swallow water. The most serious apprehensions were now entertained as to the awful nature of his disease, and its horrific results. The doctor was immediately summoned. He found the patient with an anxious expression of countenance, and labouring under a sense of suffocation, induced by an attempt to drink water. Some more water was offered him in a tumbler, at Dr. Graves's request, which brought on the most violent efforts, amounting almost to strangulation. No further doubts remained of the frightful reality of the malady.

At 7½ Drs. Dalton and Green were called in consultation. Dr. Dalton says he found the patient in bed; skin cool, not dry; pulse 120, and small; no headache; tongue covered with a slimy coat; stomach nauseated; mind clear; no throbbing in temporal or carotid arteries, or heat of scalp; action of heart somewhat sharp; answered all questions deliberately; cicatrix of the wound somewhat elevated and reddish, without soreness; skin around it not inflamed; some intermittent pain in arm, extending to shoulder and neck; cathartic had operated once. The bath, he said, was grateful to him, with no unpleasant effects; thirsty; had pain nowhere else than in the arm as above. On being asked if he would drink, he said he would try; he took the tumbler of water in his hand, and brought it to within half an inch of his lips, when his head was thrown back spasmodically, and his hand forwards; on attempting it again, with much effort, he got about a teaspoonful into his mouth, which, as soon as it reached his throat, was attended with the most violent convulsive catchings of the breath with a sort of sobbing sound, which brought into bold relief the sterno-mastoid and other muscles of the neck and throat, and soon he sunk back on his pillow, apparently much exhausted. Some milk was offered him in a tumbler, which he swallowed with visible exertion and deter-

mination; bread also he swallowed without difficulty; currents of air by fanning or otherwise, produced no apparent effect on him at this time. Chloroform was administered with its usual effects. Dr. Graves left him at midnight, without any abatement of the disease. On the morning of Wednesday, the 8th, every unpleasant symptom had increased. Convulsions were more frequent and more violent, but he seemed perfectly rational during the time between the paroxysms, and answered all questions with much composure; said he had no *pain*, but a sense of suffocation; was sensible of his situation, and of the terrible character of his disease; fully realized that inevitable death, in one of its most horrid forms, was before him; his countenance was wild and staring, without any distortion of features or swelling of face. The unfortunate patient had suffered extremely from thirst during the night. A viscid and very tenacious saliva would occasionally collect, the discharge of which required all the resolution and determination at his command, and then was attended with convulsions of the utmost vehemence. In one instance, having called for "something to spit on," I held the napkin near, but losing control of himself he spit on my hand, for which he apologized in the following interval of partial relief, showing that he was sensible, to some extent, during his convulsions. At 10 A.M. I noticed his pulse to be only 78. He was much exhausted, and almost every moment revealed changes which marked the great rapidity which characterized the progress of his disease. The sight of water, or hearing the name of any liquid mentioned, was most terrible to him; the sound of fluids in a neighbouring apartment produced also the same sad results. A current of air, or the breath of his attendants even, agitating the atmosphere near his exposed surface, would produce a like effect. He was averse to the use of chloroform, but at 11 $\frac{1}{4}$, his hands being gently guarded by Dr. Dalton and myself, he was induced to inhale from the sponge. By calm, rational and persevering appeals to him, it was continued till perfect anæsthesia was induced at about 11 $\frac{1}{2}$. I now found his pulse to be 86, and at $\frac{1}{2}$ P.M. it was 84.

He gradually recovered from the influence of the chloroform, which was not exhibited again till 4 $\frac{1}{2}$ o'clock.

Soon after 1 o'clock he was confined by tying a folded sheet around his body, and fastening it by strong straps to the bedstead on each side; thus he had no consciousness of being bound except in his struggles, which rapidly increased both in frequency and severity to a most frantic degree. About this time he was visited by the elder Dr. Bigelow, of Boston, in consultation with the several physicians who had been called in. The result was a confirmation of previous counsel, and a continued resolution to persist in the use of the chloroform.

At 4 $\frac{1}{2}$, during a brief interval of his paroxysms, he extended his arms and requested us to hold him and give him the chloroform, which was done forthwith amid the most violent opposing struggles, till complete effect was produced. In the absence of a supply of the anæsthetic agent a partial revival took place, accompanied by a continuous agonizing paroxysm; but the eight assistants maintained their grasp till a new supply arrived, which was used with complete success. His pulse was now (5 $\frac{1}{4}$ P.M.) 160. I continued to apply the sponge at intervals of returning consciousness until 5 $\frac{3}{4}$, when it was suspended altogether. He had now sunk so low as to remain still. The consciousness of being hurried on towards life's terminus by so terrible a malady, with an impetuosity which admits of no check, together with the extreme nervous exhaustion induced by the disease itself, had combined to reduce the power of vitality already into a fatal quiescence. It was now 6

o'clock, the sputa had increased in quantity, and had become less slimy and far more frothy.

The patient lay quiet with stertorous breathing; laboured action of the heart; occasional strabismus, but eyes generally turned upwards and fixed, with other symptoms of cerebral congestion; countenance flushed and apparently tumescent; extremities gradually became cool, accompanied with excessive general perspiration. The discharge at the mouth also greatly increased, and became bloody. I should judge that during the three hours preceding death I wiped away $f\bar{3}vii$ or $f\bar{3}x$, including perhaps $f\bar{3}j$ or $f\bar{3}jss$ of blood, as it escaped from his mouth. During his moribund state, it seemed to leave his lips without an effort in a small stream. He continued to sink till $7\frac{1}{2}$, when he ceased to breathe without a struggle.

Autopsy. Thursday, 2 P. M., 18 hours after death.

The body was dark and mottled; the cutaneous and subcutaneous capillaries apparently engorged with deoxygenated blood; extremities nearly black; depending surfaces also very dark; emphysema, which I noticed within two minutes after death, about the neck, had somewhat increased and extended over the thorax, and partly down the upper extremities. On my first incision blood flowed freely, and followed the scalpel; no coagula in the system. I first exposed the spinal cord; it was considerably injected and emphysematous beneath its arachnoid investment. The brain was highly injected throughout, and bubbles of air were distinctly seen in its veins. The brain was of its natural consistency, and its ventricles contained their usual amount of normal fluid. The cut surfaces of the cerebral mass exhibited numerous points of red blood oozing from its substance, which was the only red blood found anywhere.

The trachea and bronchia were highly inflamed, and their mucous linings presented a purple coloured or violet aspect. The epiglottis was very large.

As the body was to be removed in the next train of cars, the examination was necessarily terminated.

Dec. 11th. Rupture of the Femoral Artery.—Dr. S. Parkman exhibited the artery, torn at the point of its passage through the adductor magnus tendon; a cart loaded with coal had passed over the lower third of the thigh; there was no external wound or abrasion of the skin; but the sudden ecchymosis, and the cessation of pulsation below the knee rendered the nature of the accident perfectly clear. The integuments were rendered very tense by the effusion of blood through the whole thigh. The limb was amputated above the injury. Besides the artery, the gracilis, sartorius and semi tendinosus muscles were completely ruptured, and the effusion of blood very considerable. The bone was uninjured.

Jan. 7th, 1849. Malformation of the Heart.—Dr. Jackson presented the specimen, in which there was seen a free communication between the two ventricles at the upper part of the septum; the right ventricle was much thickened, as usual in these cases, the left being rather thin; the pulmonary artery, also, which appeared small externally, arose somewhat indirectly from the ventricle, and had but two valves, which differed much in size, but were otherwise normal; the aorta was enlarged, and the valves well developed;

the heart, lungs and liver were crowded with blood, which was very dark and thick, but without coagula. The patient was a mulatto child, four years old; almost from birth it had been subject to dyspnoea, with lividity, and frequent paroxysms of severe distress, so that malformation had always been supposed to exist; the action of the heart was regular, and attended with a loud bellows-sound.

Disease of the Heart.—Dr. J. also presented another specimen, the case being interesting from the fact of there having never been observed any irregularity or intermission in the action of the heart, notwithstanding the existence of very great valvular disease; the mitral and the aortal valves were about equally affected, ossified, thickened, rigid, and contracted, the aortal orifice being permanently open. In the mitral valves there was a small cavity, connected with the cretaceous deposit, and apparently the result of caries, though there was no ulceration about it, this appearance having already been several times noticed here in similar cases; the right side of the heart was healthy, except for atrophy and perforation of the pulmonary valves, which is here quite common; the left ventricle was much hypertrophied, and the whole organ weighed 21 ounces. The patient was a largely developed man, 43 years of age, and a carpenter by trade; had suffered from his disease for four or five years, but had worked until the last six months. Distress in the region of the heart was the chief symptom, and for the last two months he was unable to lie down in bed.

Polypus and Inversion of the Uterus—Ligature—Excision of a Large Portion of the Uterus—Recovery.—January 7th, 1849.—DR. W. W. MORLAND read the following case, with an account of the operation, from Dr. A. L. Peirson, of Salem, Mass.

In June last (1848) a medical friend called my attention to the case of an Irish female under his care, 24 years of age, unmarried. She had been a domestic in a family, where he had first been called to her in October, 1847. She then had poor health, so that she was obliged to give up her duties as housemaid: she had uterine hemorrhage from time to time, under which she gradually lost strength. Her statement was that she had enjoyed good health until July 5th, 1847, when she had severe pain in the hypogastric region, rigors and menorrhagia, which last was attended with relief. In a fortnight from this she had recurrence of the same symptoms,—pain, rigors, hemorrhage with coagula. These attacks were repeated at intervals of two weeks, until October, 1847, after which time she was visited by the medical gentleman, at whose desire I saw her, until March, 1848. At this time she had a watery discharge most disgustingly fetid. An examination, made by her medical attendant at this time, discovered a tumour, apparently the uterus in an ulcerated state, low down in the vagina. Her health was not entirely broken up at this time,—she had some strength and appetite, so she did not give up attempts to live at service, till about the time she was first seen by me in June, 1847. She was then confined to her bed for the most of the time, very weak, and having a profuse, watery most offensive profluvium. The feet were much swollen. The prognosis given at our consultation was against her recovery. Injection of a weak solution of soda had a most happy effect in destroying the fœtor and in lessening the discharge,—and by the use

of tonics her health was much improved. About the middle of July her medical attendant made an examination, at which he discovered a polypus, which induced him again to call me in consultation, to attempt means for her relief, which now seemed practicable. I found the polypus filling up the lower part of the vagina, and having a pedicle rather less than an inch in diameter. It was agreed to apply a ligature to this pedicle: this was executed with considerable difficulty by means of Gooch's double canula. There was no pain of consequence upon tightening the ligature; but, after two days abdominal pain and tenderness occurred, with vomiting, requiring the removal of the ligature on the sixth day after its application. In less than a week the dangerous symptoms produced by the ligature subsided, after which it was decided to remove the polypus by excision. The operation was performed in the following manner: the tumour, by means of the forefinger introduced into the rectum, was with difficulty forced without the external organs, and the patient being then placed under the influence of chloroform, a pair of strong scissors, curved laterally, were introduced into the vagina, and what seemed to be the pedicle of the polypus was divided at a distance of about two inches. After the removal of the polypus, the os tincæ was felt, natural, but somewhat dilated. On examining the tumour, the polypus was found to be perfectly sessile—as the botanists say—and what was esteemed the *pedicle* was the *inverted uterus*. The patient was kept very still in bed for a few days on a low diet, without any movement of the alimentary canal. Her pulse never rose to 100 per minute, and she had hardly a perceptible tenderness in the hypogastric region, and no constitutional disturbance whatever. In a short time she perfectly recovered, and is now at service, in robust health, doing the ordinary duties of a domestic. She has not menstruated since the operation, nor has she felt any disturbance of the system indicative of a menstruous period. Her first attack of pain and menorrhagia was probably the time when the inversion occurred.

There are many cases of successful extirpation of the womb to be found in the volumes of periodical medical literature. Mr. John Hunter applied a ligature to the inverted uterus, mistaking it for polypus. He was led into the error by founding his diagnosis upon the supposed sensibility of the uterus, and the absence of such sensibility in polypus. This is fallacious, and the expression of suffering varies according to the moral courage of the patient. Dr. Charles Johnson, in a case in which Dr. Joseph Clark, of Dublin, was consulted, did the same thing, and persevered in the use of the ligature till the fundus of the uterus came away. The woman did well, and was reported by her mother to have menstruated some months afterwards. (*Dublin Hospital Reports*, vol. iii. p. 479.) Dr. Joseph Clark applied a ligature to an inverted womb, which he and a surgeon of eminence judged to be a polypus, and after a fortnight's trial, during which the woman suffered much from pain, vomiting and watchfulness, he removed the ligature in despair of success. Some time afterwards, "when, in consequence of some extraordinary effort, a tumour shot suddenly out at the os externum," he proceeded to amputate the part. The woman recovered rapidly and perfectly. She never menstruated afterwards. (*Edinburgh Medical and Surgical Journal*, vol. ii. 1st series.) The editor has appended to this case a quotation from Voigtel,

referring to many such cases. Dr. Robert Lee, in the 1st volume, 2d series of the *Medico-Chirurgical Transactions*, gives some interesting views in regard to tumours growing from the interior of the uterus. He thinks that the greater number of uterine polypi are fibrous tumours, which have been formed under the lining membrane, and a stratum of muscular tissue. To this circumstance he attributes the death of a patient in the Marylebone Infirmary in 1833, where the neck of the tumour was tied, with very little pain. Dr. Lee mentions a case of Dr. William Hunter's where death ensued, —a portion of the uterus having been included in the ligature. Dr. Denman, quoted by Dr. Lee, also passed a ligature over the inverted part of the uterus, in a young lady, which caused violent and dangerous symptoms. The patient ultimately died. From all the facts I can gather upon the subject of uterine polypi, I should be inclined to adopt Dr. Lee's rules.

1st. When any of these tumours pass through the os uteri they may be removed by the ligature or the knife. Dupuytren's great experience is that, in two hundred removals of polypi by excision, he has met with hemorrhage only twice, and then it was entirely controlled by the tampon.

2d. That the ligature, which is demanded in those having a large and vascular root, need not be applied very near to the uterus,—as is generally directed,—but at a sufficient distance to avoid the possibility of including any portion of it. The pedicle of a polypus HAS NEVER BEEN KNOWN TO REPRODUCE THE TUMOUR.

In addition to the above remarks by Dr. Peirson, Dr. Morland said that the opinions of Dr. Lee are advocated by Churchill in his work upon the "Diseases of Females." Particular reference is here made to the fact that, most frequently, polypi of the uterus are *fibrous* in their nature. Churchill states that this tumour is sometimes united with the uterus by cellular tissue; but, much more frequently, it has originally been somewhat imbedded in the muscular fibres. In some few cases these tumours have been found hollow, either empty or containing grumous blood, or gelatinous matter and hair, or fat with hair. (Boivin and Dugés, Langstaff—*Medico-Chirurgical Transactions*, vol. xvii. p. 63.) Churchill likewise remarks as follows in regard to the excessive hemorrhage usually accompanying polypus uteri. "It is exceedingly difficult to explain, on pathological principles, the occurrence of the alarming hemorrhages which accompany polypus uteri; it is impossible to attribute their source to the vessels of the polypus, since the existence of such can seldom be ascertained; and besides, the floodings are as severe from small as from large polypi." Dr. Hamilton explains this by the increased determination of blood to the uterine vessels, in order to support the growth of the polypus. Of this fact, he adds, "there is perfect evidence, for the uterus keeps pace in increase of size with that of the tumour." He infers from this "that a very slight circumstance must produce a discharge from the uterine vessels, such is their texture." "Polypi are not common in middle age, but are equally frequent in single and married females." According to

a table given by Malgaigne, quoted by Churchill, the middle age of life is that in which they most often occur. Out of 51 cases 36 occurred in women from 30 to 50 years of age. Polypus, with inversion of the uterus, has been often recorded. "Denman, Heaviside, and Hamilton, of Glasgow," says Churchill, "relate such cases, and I was permitted, through the kindness of Mr. Lynch, to examine one under his care at the Jervis-Street Hospital. The uterus is first distended by the *bulk* of the polypus, and then inverted by its *weight*, and the forcing downward, in the efforts of the uterus to expel its contents." Removal of the polypus is decidedly advised by all authors so soon as it is practicable. The *modus operandi*, and the instruments employed, vary with different operators. Ligature seems to have the preference. Many substances have been employed for this purpose, waxed silk, silver wire, catgut, silk wrapped around with fine wire, whip-cord. The latter is recommended by Mr. D. H. Walne, who having observed, that when moistened, it increases in thickness, remarks that it will instead of becoming looser around the pedicle, *tighten* itself considerably. (Churchill, *Op. cit.*) Dr. Blundell recommends Hunter's polypus needle in applying the ligature. Levret's double canula, of which instrument that of Dr. Gooch is a modification, is most often used. Patients nearly always recover well after the removal of polypi; Hamilton reports the death of three patients after it. Dr. Blundell speaks of a case where excision was practiced immediately after the ligature was tied; the polypus was complicated with inversion; (as in the case forming the subject of this paper,) the patient died from loss of blood by oozing from the surface of the portion of the uterus excised. In the case above given by Dr. Peirson, the ligature having been on for six days, doubtless prevented any bleeding when excision was finally practiced by its constriction of the vessels, and their obstruction, for some distance, by coagula. Dr. Blundell advises the application of the ligature in cases of polypus complicated with *inversio uteri*, in such a manner "as to take away both the polypus and the uterus together at once." (*Principles and Practice of Obstetric Medicine, etc.* London, 1840, p. 803.)

Dewees relates a case where there was apparent reproduction of the tumour, and he says, "Of this repullulation, if it were such, I have never seen any other instance, so early after the operation." He supposes it might be owing to a great thickness of the stem (the ligature was on for nine days before the tumour first detected came away), to its slow decay, to a cancerous disposition of the uterus, or to a large portion of the polypus remaining in the uterus, besides what was discoverable in the vagina. (*Dewees on Diseases of Females.*) The latter seems the more probable explanation, as authors state the fact, worthy of notice, that the stem of a polypus, "instead of being prolonged into fresh polypus, invariably sloughs away." (Churchill, *Op. cit.* Blundell, *ditto.*)

The parts removed in the present case show the polypus, which is nearly circular, flattened anteriorly, and attached *almost directly* to the fundus uteri,

so that it cannot be said to have any *pedicle*, although the impression left by the ligature is distinctly visible around its *origin*. It is, as the operator remarks, "*sessile*,"—about two inches of the uterus are removed,—both the Fallopian tubes are seen,—and, upon the *now* external surface (which is, of course, properly, the internal), one of the orifices of these tubes is very distinctly visible. The external surface of the tumour is somewhat roughened—probably from the effect of ulceration. The specimen is deposited in the Cabinet of the Society.

Enormous Encephaloid Tumour in a child only five years of age. Dr. GOULD.—The subject of this disease received a blow in the abdomen about five months before death, and was first seen about three months after. The abdomen was enormously swollen, but the child was bright and active. There were no peculiar symptoms, but the child gradually sunk and died. On dissection, a mass of disease was found, about as large as the child's head, consisting of a very soft white encephaloid substance, with some effused blood, and a considerable quantity of a glairy fluid, that soon formed a soft tremulous coagulum after removal from the body, as does the serum in some forms of dropsy. The deposit was in the cellular tissue behind the peritoneum, at the upper part of the abdomen, and tending down the left side, and inferiorly across to the cœcum. The colon was pretty closely connected with the mass, and the pancreas was raised by it and brought forward conspicuously into the front part of the abdomen. The left kidney was extensively involved in the disease, and its vein contained a large mass of soft encephaloid substance. The other organs of the abdomen were healthy, as was also the peritoneum. In each of the lungs were several encephaloid masses, from four to eight lines in diameter, and in the left pleural cavity some serous effusion.

January 22. Cases of Etherization in Childbirth.—Dr. Channing read a paper, as follows.

These cases are communicated to the Society as affording additional evidence to that contained in a volume recently published in this city, of the safety and usefulness of etherization in childbirth. One case only of convulsions is given. Others of great interest, in which etherization was signally useful, will be communicated at another meeting. In this and other ways I shall endeavour to keep before the public and the profession, such facts as fall under my notice, or which are communicated to me, which may serve to illustrate a subject of the deepest and widest interest.

Natural Labour.—Mrs. —, aged 25. Second labour. Health perfect. I have rarely if ever met with the appearance or the fact of such entire absence of disease, and of the absolute want of anything having its likeness. The whole pregnancy was marked by freedom from annoyance, discomfort, or trouble of any kind. The natural, habitual buoyancy, fulness of spirit, enjoyment of everything, prevailed through the whole period of the nine months, which so frequently are passed in more or less discomfort, and so often by more or less positive disease.

Her first labour, two and a half years ago, was immediately preceded by convulsions. The disease had its severest characters, and when it had continued unabated for many hours under very judicious treatment, I was desired to see the case in consultation, with a view to terminate it with instruments. This was done. But the convulsions continued. After a time they ceased, but consciousness did not return. The patient remained for a week in a most critical situation, passing much of the time in groans and screams, as if in great agony. Convalescence at length began, and her ordinarily excellent health was gradually restored.

The present labour began Oct. 15th, P. M. I was called to see her about 3, A. M. of the 16th. She was in active, natural labour, the presentation good, and progress satisfactory. She soon demanded ether, which she had before determined to use. The vapour was inhaled from a hollow sponge in the usual manner, and was followed by its happiest effects.

The child, a boy weighing nine pounds, was born during almost perfect unconsciousness, and without the least untoward results. The bowels were perfectly regular, and, without any medicine whatever; lactation was most kindly established, natural appetite for food continued undisturbed, sleep was tranquil, and after-pains kindly referred to.

I present this case to the Society because of the evidence it affords of the entire safety and advantage of etherization in labour, and in the puerperal state. I do so because we are often asked if it be proposed to employ it in common natural labour, why not do so? Why not prevent great suffering, it may be, and make convalescence more rapid and more sure, than to take the chances of protracted suffering, and of slow recovery. This is not a solitary case of the employment of etherization in the most natural labours. It is enough, however, to furnish this additional evidence of its safety in such cases to the large amount of the like contained in the treatise above referred to, and which a wider later experience abundantly confirms.

Natural Labour.—Age 34. 9th labour. Jan. 16, 1849. Labour begun at about 3 A. M. I was called about 6 A. M. Contractions strong. Os uteri dilatable. Head presenting. Membranes not at all separated from scalp by water. Posterior fontanelle to right acetabulum. At 9, os uteri had disappeared. Liquor amnii discharged. External organs moderately dilatable. No *show*. The only moisture was produced by the slight trickling of liquor amnii over the organs. At 9 she inhaled ether vapour. Its good agency was soon seen. Pain was so much diminished as scarcely to be complained of. Pressure to the back was no longer clamoured for. An abundant *show* appeared. It was of dense and *coloured* mucus. I underscore the word *coloured*, as I well remember Dr. John Clarke's remark on this occurrence. He ascribes it to the rapidity and fulness of secretion,—to the rapid dilatation of organs,—and especially looks to it as the best evidence of the most favourable pregnancy case. In this instance the increased dilatability was most observable in the vagina and external organs. Labour advanced rapidly and kindly. The posterior fontanelle was forced towards the symphysis. The sagittal suture in the direction so well described by Neagle. The child was born in about an hour and a half from beginning etherization. A male, weighing 11 pounds and 12 ounces, in perfect health. The placenta soon followed, and without hemorrhage.

17th. Perfectly comfortable. No after-pains, which, in other labours, had

been remarkable for their severity. Urine natural. Bowels regular without medicine. Child at breast.

This case is presented to the Society because of the occurrence of full secretion, *show*, and of the free dilatability which occurred along with etherization in textures which before had undergone very slight change. It is farther offered because it has been gravely questioned if such changes do occur from etherization, or during that state, and if they do, whether they should be referred to that. The coincidences have been too numerous to leave this any longer a question.

Convulsions.—Age twenty-two. First labour, December 17th. A fortnight ago having been looking for labour some weeks, was seized with convulsions. Her physician reached her about an hour after the attack. She was then in a comatose state,—her breathing stertorous—pulse very rapid, and small—blood coming from nose and mouth—skin generally pale. While the examination was proceeding, another fit occurred. As soon as it could be done the patient was raised up in bed, and supported in that position. A vein opened, and thirty-two ounces, two pints, of blood taken. This was followed by perfect calm, and there was no fit afterwards. The patient soon rallied, so that in three or four days she was abroad, and walked from her house to South Boston, a quarter of a mile or more. In other words, she was quite well.

A week after her recovery her physician called to see her again. He found her complaining of most severe headache; referred to top and front of head, and almost immediately she said, "I can't see you—what is the matter?" He bound up her arm at once, and bled her again to full two pints. There was no convulsion.

On the 17th, Sunday, between eight and nine, A. M., he was called, as the membranes had broken, and the liquor amnii had freely escaped. He reached the address soon after, and in time to witness the faint fit which ushered in the labour. This was very severe; so that notwithstanding the former bleedings, and the pale skin, and very small and weak pulse, he thought it safer to bleed again, especially as such good effects had followed the former bleedings. He now took a pint. Examination showed labour was present. Convulsions continued to recur about once an hour through the day, the labour slowly advancing. At length, in the evening, progress had nearly or quite ceased; and the convulsions continuing, he desired me to meet him in consultation.

I found the patient exceedingly restless—very pale, lips as well as face—skin cool, almost cold—pulse very small and feeble, about 140 in the minute. During pain, restlessness especially great. In intervals she lay most of time in heavy sleep. Examined and found head low; at the bony outlet partly covered with os uteri—os being partially dilatable, being very firm where dilatability ceased. Much dryness, there being no proper show, the moisture mainly depending on liquor amnii, which slowly was passed away. I was told that the urine had been passed in the forenoon.

The question of chloroform arose. The physician in attendance had used it in other labours, but never for convulsions. I stated my observation of its effects—that I had within a year or two employed etherization in ten cases, and that six of the patients had done well; and that in the present case it seemed especially deserving of trial, seeing that bleeding had been thoroughly tried, and that the convulsions continue to recur, and without any promise of spontaneous abatement. It was agreed to employ chloroform; and as the

time of an expected fit had nearly arrived, it was determined to use it at once. Some progress had apparently been made within an hour or two; but her whole state showed that she could not probably survive if her present state was not soon replaced by delivery.

A handkerchief was wetted with about half a drachm of chloroform, and applied to her nose and mouth. She very soon inhaled regularly and thoroughly. A pain came on. It was strong, and of fair length. She did not move in the least, but you felt by her respiration—her obviously involuntary bearing down that the pain was efficient. The physician said that this was the case—that the head was pressing down, and the os uteri disappearing. A good interval occurred, and immediately, as pain returned, inhalation was again practiced. Progress was now reported as rapid. Another interval, and another pain of the character first described. I now examined, and found the labia well opened—the head just within them—the os uteri gone, and a sufficient mucous show. I called the attention of the physician to these points. He was a competent witness, and for hours had been in faithful attendance on the patient. He agreed entirely with me as to the facts now stated. In a few more pains the child was born. The cord was twined firmly round its neck. There was no pulse in it. The child was soon relieved of the presence of the cord, and was then easily born. There was no respiration—no movement of the heart, and the whole appearance was of death, which probably occurred some time before its birth. The womb contracted well. The placenta was expelled. I asked if there were any hemorrhage, and found there was none. The hand of the physician which was employed in receiving the after-birth, was not even soiled with blood. A binder was applied. The course settled as to what should be done in the night, especially if convulsions recurred, and I left the patient perfectly comfortable in about an hour and a half after reaching the address.

18th, 9 A. M. I found the patient very comfortable—pulse 100, of good strength; skin warm—in sound sleep. I learned that in about an hour after my leaving the patient she was seized with a convulsion. Chloroform was at once used, and the fit was not as long nor as severe as had been others—that there had been frequent threatenings of fits, by a convulsive twitching, or *drawing* of the head to one side, with rapid motion of the eyelids—the precursor of former convulsions. As soon as these signs manifested themselves, chloroform was inhaled, and not another fit occurred. No urine. Catheter.

19th, 9 A. M.—Patient very comfortable. Wide awake; colour of cheeks good; pulse 96; warmth sufficient. Asked how she felt; "First rate," was the quiet answer. One dejection yesterday without medicine. Physician reported that he had for a time utterly failed to introduce the catheter. The violence of the patient made it impossible for him to do it. He placed her under the fullest power of chloroform. Perfect etherization was established; and the catheter introduced with entire ease. About a quart of urine was drawn off, and showed to me. It had no appearance of urine, but rather resembled turbid black tea into which much milk had been poured. It having been drawn into a large white bowl, the resemblance was the more noticeable. It was entirely without smell, and in this respect it corresponded exactly with urine drawn during a case of convulsions of great interest, which I saw some months since with Dr. Wyman, of Cambridge. The colour of the urine in Dr. W.'s case was darker than in the above, but the liquid had likeness to urine. A test tube was filled with it, and boiled; coagulation occurred at once, and of a heavy dense character. Another portion was tested with nitric acid. It was at once, and almost the whole of it, firmly coagulated.

I have not met with any instance in any disease in which the urine has been so remarkably coagulated as in this.

This case furnishes strong corroborative testimony in support of the observations made on the urine in puerperal convulsions, by Professor Simpson, of Edinburgh.

I am indebted to my friend, Dr. Bacon, one of our best analytic chemists, for the following note of some experiments made by him on some of the urine above referred to.

Boston, January 13th, 1849.

DEAR SIR:—I have made a partial analysis of the specimen of urine which you desired me to examine, but regret to find that it is so far decomposed that no reliable conclusion can be drawn as to its character when recent. I was able, however, to ascertain that there is no deficiency of urea, the analysis yielding 1.15 per cent., an amount but little below the average. It is probable that a part of the urea originally present has been destroyed by decomposition.

A considerable quantity of uric acid occurs in combination with ammonia. The white sediment, which when diffused through the urine gives it a milky and turbid appearance, is principally urate of ammonia. The most remarkable peculiarity of the specimen is the large amount of albumen which it contains.

Yours truly,

JOHN BACON, JR.

WALTER CHANNING, M.D.

Inverted Womb.—Age 22. 1st child. Labour took place evening of January 1st, 1849, and was completed between 8 and 9 A. M. This person is small, of feeble aspect, pale, but was very easily delivered of a large living child, a female. The pelvis was large, and well formed. The placenta soon followed the child, very moderate traction being used by the cord. The physician was struck by the mass, and by the suffering which attended and followed its expulsion. Upon examination he found the womb was inverted, the placenta being still attached to it. He used chloroform to facilitate the reduction of the womb, having first removed from it the placenta. The womb was readily carried into the vagina, and there resisted further attempts to return it to its natural situation. There was much hemorrhage.

I was desired to see this patient, and learned these facts in the case. Her attendant removed his hand from the vagina, and requested me to make an examination. I found a large and solid conical tumour, at the upper part of the vagina, extending some distance above the brim of the pelvis, and surrounded by a sac, which it nearly filled, allowing the hand to pass between them, the upper termination of which the ends of the fingers did not reach, and the lower edge of which was not so distinctly separated from the vagina as to make it perfectly clear where this last ended. The vagina was filled with coagula, and blood was freely oozing from the surface of the tumour. Having the tumour encircled by my hand as far as its size permitted, I directed chloroform to be given to diminish or suspend sensibility when pressure should be made upon the mass. It was strongly demanded by the patient. When etherization was produced, and it was very satisfactorily done, the tumour was firmly compressed. If any doubt had existed of the diagnosis, it was soon entirely removed by the gradual but certain diminution in the bulk of the mass, and by its slow return within that which contained it. It ascended gradually, until by a sudden bound it escaped from the hand. Contraction took place very soon. First in the upper part of the womb, and then in the lower part, the neck and mouth,—the latter closing accurately upon the fingers as they were withdrawn, or were protruded into

the vagina by it. A considerable portion of the membranes which were left attached to the womb after the placenta had been pulled off were partly expelled into the vagina, and partly remained in the womb. They were now carefully, and apparently wholly removed. Hemorrhage at once ceased. The womb was full in its usual place immediately after delivery. The patient seemed to suffer nothing from the operation.

4th. Report favourable.

10th. Recovery perfect.

This is the second case only which I have met with of recent *inversio uteri*. I have seen one only of the chronic form of this gravest of uterine displacements. The first case was not seen by me till two or three hours after its occurrence. I was called because of the extreme distress and death-like sinking, and hemorrhage which occurred, or increased after the supposed entire reduction of the displaced organ. I found the patient in apparently extreme danger. The symptoms were great restlessness, extreme distress, pale and cold skin, and scarcely perceptible pulse. I examined the abdomen, and found it presenting a hollow, rather than a fulness, in the place of the contracted womb, as ordinarily exists after delivery. A firm ring was felt extending from ilium to ilium, and permitting the hand to pass downwards as into the cavity of the pelvis, or a large empty bowl. Slight pressure on this ring, or rounded edge, produced severe pain. I said to the medical attendant that the womb was still inverted. He said it was impossible that this should be the case, as he had reduced it, but consented that I should examine the case. This the patient resisted. She said she had already suffered terribly and would not submit to be tortured any more. She was told of her danger, and assurances given that as little suffering as possible should be produced. At length she consented. I found, as I knew before was the case, that the womb was inverted,—passed the hand at once into the vagina, and with the backs of the fingers pressing upon the presenting fundus, steadily carried it into its place. Contraction at once occurred,—the hand was slowly expelled, and the woman at once expressed how great was her relief.

In comparing these two cases I cannot but notice the striking differences which characterize them. How painful was this last in its whole history! In the first case there was no suffering at all. There was the slightest degree only of constitutional disturbance, and local symptoms hardly existed. There was neither organic nor voluntary resistance to reduction, and from first to last the operation was progressive and satisfactory. It is a new application of etherization, and corresponds with the happiest,—the most successful.

Placenta Previa.—About 30. Fourth pregnancy. 8th month. Jan. 13, 1849, was desired to see her in consultation. Found that she had been flowing at times for three months. Last three weeks great loss. Labour occurred in night preceding my visit. I found her very pale,—perfectly blanched,—no pulse,—respiration sighing,—no uterine contractions. Her medical attendant was absent. Stimulants were given and the pulse returned, very feeble. Examined,—dilatation of external organs, and os uteri good. No hemorrhage. Coagula black, shreddy, firm. It was my purpose to have

turned before such reaction had occurred as would or might be attended with hemorrhage, as it seemed pretty clear that further loss would be fatal. Circumstances prevented my doing an operation which I could not control. I left,—came back in an hour,—found the physician in attendance, and it was agreed that turning should be done.

The hand passed easily into the vagina, and etherization by chloroform was established. Os uteri was now passed. The placenta was found to be extensively separated, and remaining adhesions were separated. The hand now was passed between the womb and membranes, till a knee was felt within the latter. They were broken, and the liquor amnii scarcely at all escaping, the limb was readily grasped, and slowly but easily brought down. Delivery was accomplished without the patient being at all conscious of the event. The placenta followed. *There was no further hemorrhage.* A swathe was applied, and the woman left after an hour perfectly comfortable. The ease of the operation has been spoken of. This was wholly owing to etherization. There was not the least resistance to the operation. The patient was in perfect sleep. No excessive action of the womb occurred. How important are these facts in this history. How deeply should they be considered by the enemies of etherization. This woman must have died under any farther hemorrhage. What more likely to produce this than struggles to escape from the pains of turning? Her strength was almost exhausted. What surer to take away that little which remained than resistance and struggle? What more perfect than the operation, both in itself, the quiet during which it was done, and in its results?

14th. Fair reaction.

15th. Doing well. Milk in breasts. Pulse of sufficient strength. Not the least abdominal tenderness. Renal excretion natural. Good colour in lips. Sleep disturbed by moral excitement, and by visitors. On the whole very comfortable.

ART. V.—*Report of the Cases of Small-Pox received into the Philadelphia City Hospital in 1845-6.* By F. W. SARGENT, M. D., then Physician to the Institution.

IN January, 1843, Dr. Thomas Stewardson published in this Journal, a paper entitled, "Remarks upon the cases of Small-pox admitted into the City Hospital during the years 1840, 41, and 42."

In August, 1842, the hospital was closed;—the epidemic having so far subsided, as to render, in the estimation of the Board of Health, the continued maintenance of a small-pox hospital unnecessary. The disease, however, did not entirely disappear from amongst us. The degree of its prevalence we have now no means of ascertaining,—the returns of cases of the malady in question, made to the Health Officer, as required by law, at the time of their occurrence, not having been preserved.* But the record kept at the Health

* We are glad to learn that it is the intention of the Health Officer to preserve on record all the reports of cases of small-pox which shall hereafter be made to him. And as

Office of the *mortality* at different periods, shows the following result with regard to small-pox, from the time of the closure of the hospital, in 1842, to its reopening in November, 1845 :—

	1842.	1843.	1844.	1845.
Jan.	—	8	2	2
Feb.	—	5	1	2
March	—	6	4	3
April	—	5	1	6
May	—	2	4	12
June	—	2	2	6
July	—	1	1	5
August	2	0	1	5
Sept.	5	1	1	4
Oct.	1	1	0	24
Nov.	1	1	0	
Dec.	10	2	2	
	—	—	—	—
	19	34	19	69

From this table it will be seen that the disease was pretty steadily on the increase from the commencement of the year 1845, so that the Board of Health determined to reopen the City Hospital in November of the same year, for the reception of those small-pox patients whom it was considered advisable to send to a public institution. I was appointed physician to the establishment.

The following report is founded upon the cases admitted into the hospital from Nov. 1845, to August 1846, when the institution was again closed. The facts stated, were observed by myself at the bed-side of the patients, and recorded at the time, or, when reference is made to the condition and history of individuals prior to their admission, acquired as carefully as possible from their friends and from themselves.

The City Hospital was the only public institution at which small-pox patients were received, and from this no applicant was excluded. Consequently, the position, character, and habits of the patients varied very much; generally, however, they were of the poorer classes, whose daily labour earned a support for themselves and families, and who in severe sickness, were compelled to seek in a hospital, the comforts and professional aid which poverty denied them at their own homes.

The whole number of patients admitted was 294; of these 287 had various disease; 1 had measles; 1 rheumatism; 1 impetigo; and the remainder had merely some trifling indisposition, which speedily passed away.

Of the 287 to whom alone this report refers, there were of

this register will be the only one which will enable the profession to ascertain the degree of prevalence of the disease at any time, it is very desirable for purposes of future reference, that all physicians shall duly report their cases.

Whites—Males, 120

Females, 46—Total 166

Blacks—Males, 68

Females, 53—Total 121

There were admitted in

1845.		1846.						
Nov. 15	Dec. 55	Jan. 76	Feb. 49	March. 58	April. 18	May. 11	June. 3	July. 1—287

The ages of 285 were thus recorded :—

Under 1 year.	From 1 to 7.	7 to 15.	15 to 20.	20 to 30.	30 to 40.	40 to 50.	above 50.
6	14	21	71	117	41	11	4

Great care was taken to ascertain the duration of the eruptive fever. This was very variously stated in different cases, and perhaps erroneously stated oftentimes. The same difficulty, however, will be met with in hospital patients generally, and particularly when they are of the class from which most of those were drawn who furnished the materials for these remarks. The statement, therefore, will not be destitute of value. In those cases in which the information could be obtained with satisfactory precision, the eruption appeared on the days indicated in the following table, and with the frequency noted :—

1st day.	2d day.	3d day.	4th day.	5th day.	6th day.	Total.
1	31	82	66	28	3	211

In two individuals there seems to have been no premonitory fever; they declared, on the contrary, that they were not obliged to discontinue their customary work, and that they were not conscious of being at all unwell, until the eruption appeared. It happened, too, in several instances that the patients experienced a precursory sickness of ten or twelve days, but this prolongation of the eruptive fever, as it at first seemed, was attributable to causes independent, apparently, of the variolous poison, as to catarrh and rheumatism.

The premonitory symptoms varied very much in severity, and generally their intensity bore a direct ratio to the severity of the disease which they ushered in; this was not so frequently the case in patients who had been vaccinated, as in the unprotected; indeed, the former suffered severely oftentimes, during the initiatory stage, while the subsequent symptoms were quite mild. The most common attendants of the premonitory fever, were pain in the lumbar region, headache, and vomiting,—the latter, however, was by no means a constant symptom; the fever was in very many instances preceded by a chill.

In thirty-six cases in which the eruption was observable from its first evolu-

tion, I could distinctly see a central point upon the papula as early as the second day of its appearance, before it assumed the vesicular form. This fact, if it shall be further substantiated, will materially assist in the early recognition of small-pox; and it is important to possess some more certain data of diagnosis from measles than those which are usually indicated as being sufficient to distinguish the two affections at their commencement, viz: the duration of the eruptive fever, and the presence or absence of catarrhal symptoms; for the papules of small-pox do not appear with, by any means, invariable regularity on the third day of the sickness, and when they are thrown out, the mucous membranes of the respiratory organs and of the nose and eye are involved as well as the skin. This central point is not always observable, however, at so early a period as that spoken of; I frequently sought for it in vain in cases similar apparently to others in which it was recognizable.

The date of the commencement of the scabbing process was noted in every case in which it could be determined; sometimes it could not be ascertained in consequence of an uncertainty as to the date of the commencement of the disease; and in other instances, the patients died before the maturation of the eruption. In all cases, the time at which the papules appeared was taken as the date from which to reckon the completion of the maturative process. Desiccation commenced on the days indicated in the following table with the frequency assigned to each.

4th day.	5th day.	6th day.	7th day.	8th day.	9th day.	10th day.	11th day.	Total.
1	6	35	37	66	12	3	2	162

The complications were numerous; some directly and of themselves endangering life; others materially adding to the severity of the original disease, or rendering convalescence more slow. The skin, the mucous and serous membranes, the liver, the heart, the lungs, the brain, the eye, were all implicated with varying severity and frequency. The accompanying table will exhibit the complications which were noted, together with the period at which the most important of them appeared, counting from the date of the eruption. Some of them, it will be observed, were of a chronic character, originating before the small-pox, yet modifying its course, probably; most of them, however, were engrafted upon the latter. In several instances, the same individual suffered from two or more of these intercurrent affections. The milder complications are only enumerated when they required especial attention.

Abscess of cell. tissue.	Boils.	Conjunctivitis.	Infantile convulsions.	Epileptic convulsions.	External Erysipelas.	Gastro-Enteritis.
2d week, 5 cases.	2d week, 6 cases.	1st week, 2 cases.	Before erup. 1 case.		1st week, 3 cases.	1st week, 1 case.
3d week, 2 cases.	3d week, 18 cases.	2d week, 4 cases.	1st week, 2 cases.		2d week, 22 cases.	2d week, 2 cases.
	4th week, 17 cases.	3d week, 1 case.	2d week, 2 cases.		3d week and subseq. 22 cases.	3d and subseq. 2 cases.
Total 7	Total 41	Total 7	Total 5	Total 2	Total 47	Total 5
Hemorrhages from mucous surfaces.	Hepatitis.	Iritis from ulcer of cornea.	Acute Laryngitis.	Mania-a-potu.	Subacute Meningitis.	Miscarriages.
1st week, 10 cases.	2d week, 3 cases.	2d week, 1 case.	1st week, 10 cases.	4 cases.	2 cases.	Before eruption, 1 case.
2d week, 3 cases.			2d week, 2 cases.			2d week, 2 cases.
Total 13	Total 3	Total 1	Total 12	Total 4	Total 2	Total 3
Peri-Endocarditis.	Peritonitis.	Pleurisy.	Inflam. of Joints.	Diarrhœa.	Laryngeal and pulmonary Phthisis.	Fracture of Humerus.
2d week, 1 case.	2d week, 1 case.	2d week, 3 cases.	2d week, 2 cases.	2d week, 4 cases.	2 cases.	1st week, 1 case.
	3d week, 3 cases.	3d week, 2 cases.	3d week, 1 case.	3d week, 3 cases.		
Total 1	Total 4	Total 5	Total 3	Total 7	Total 2	Total 1
Ulcer of Cornea.	Pneumonia.					
2d week, 4 cases.	2d week, 1 case.					
3d week and subsequent, 2 cases.						
Total 6	Total 1					

The miscarriages all occurred in blacks, as follows :—

CASE I.—Louisa Lowber, aged 25, protection doubtful; on the seventh day of the eruption of confluent small-pox, she experienced pretty severe pain in the loins, and on the following day, a fœtus, three and a half months old, was expelled from the uterus. The patient died on the twelfth day of the eruption, having presented no local symptom of consequence after the birth of the fœtus.

CASE II.—Mary Scott, aged 28, unprotected; on the fourteenth day of the

eruption of semi-confluent small-pox, in which the symptoms were of very moderate severity, free from complication, a fœtus between three and four months old was expelled without premonition; the woman died on the day following.

CASE III.—Mary Green, aged 33, vaccinated in infancy; she was seized, on the 9th of March, with pretty severe pain in the loins, headache, vomiting and fever, having been previously exposed to the contagion of small-pox; indeed she resided in the most infected district, and on the 11th of March she was prematurely delivered of an eighth month child which survived. The patient was brought to the hospital on the 13th of March, the eruption having appeared in the morning of that day; she had some little tenderness of the abdomen, which subsided under the application of anodyne liniments and cataplasms; the pustules became confluent, but dried rapidly from the seventh day; on the 27th of March, she had a chill followed by the appearance of erysipelas of the face and neck, with much swelling of the tonsils; these symptoms were relieved, and the woman was discharged on the 24th of April, perfectly well, with her child, which was vaccinated immediately upon its entrance into the hospital and had escaped the disease.

There was no reason to think that any one of these three females had peritonitis during life, nor was there any evidence of inflammation of the peritoneum found at the autopsies of the first two; yet there were many cases of erysipelas in the wards during their sickness, and the last noted of the three had, as mentioned, an attack of erysipelas of the face and neck.

The two children who were prematurely born dead, were expelled with the membranes entire. They were carefully examined but no appearance of a variculous eruption was discoverable in either.

The case of fracture of the neck of the humerus occurred in an Irishman, 38 years of age. He said that he was vaccinated some years before, but no mark could be found to indicate the performance of the operation. The eruption was not very abundant, and was already drying when he entered the hospital. The accident occurred a few days before the appearance of the eruption, during a drunken frolic; he was habitually intemperate, and had a mild attack of mania-a-potu at the time of his admission. He was relieved of this by small doses of laudanum with infusion of wormwood, and was discharged on the forty-fourth day from his entrance, with firm union of the broken bone.

Inflammation of the larynx was one of the most interesting and important of the complications presented by the patients under our observation. There were twelve well characterized cases of this affection. The symptoms were less violent in these than in the frank laryngitis, as ordinarily met with; indeed sometimes they were so comparatively mild that the reality of the existence of inflammation was doubtful until the post-mortem examination established it. It was very usual to find the voice hoarse, with some cough and pain in swallowing, in the uncomplicated cases of small-pox; and, moreover, pressure on the larynx was very often painful, from the mere inflammation of the skin induced by the eruption. But when the larynx became inflamed,

peculiar symptoms were superadded to these, which permitted a correct diagnosis.

It is impossible to convey anything like a correct idea of the phenomena produced by the complication in question, by merely arranging in a tabular form, or by simply enumerating, the symptoms which seemed to be peculiar to itself; these were so modified by the disease upon which the intercurrent affection was ingrafted. It will be necessary to narrate the history of each case; this shall be done as briefly as may be.

CASE I.—An unmarried female, aged 23, of a very nervous temperament, and subject to frequent hysterical attacks. The attack of small-pox occurred immediately after a menstrual period, during which she vomited blood and passed it per anum, as was usual with her at such times. She suffered much from pain in the back and head; these symptoms became aggravated on Tuesday, Nov. 18th, and on the 21st the eruption appeared, when the headache and lumbar pain ceased; the menorrhagia and diarrhoea continued for several days. Her manner, after she entered the hospital, was restless, uneasy, and irritable; the pulse 120 to 130; the throat very sore; pharynx and fauces red and covered as far as the eye could see, with an abundant eruption; on the surface, the pustules were confluent, excepting on the malar bones and the forehead, where the eruption was partially aborted by mercurial ointment, and remained small and flat, and distinct. On the seventh day the pustules became flattened, and filled with a thin yellowish-white fluid, several of the pock being dark coloured in the centre; the throat continued sore, and the voice hoarse, but strong; the pulse was at 140; she was exceedingly weak and depressed in spirits. (Ordered gr. $\frac{1}{2}$ quinine and 2 grs. camphor every two hours, punch and essence of beef, gargle of capsicum for the throat.) On the ninth day, she had revived much in manner and in strength, and the pock contained a thicker and more yellow fluid; but her voice was whispering, the larynx was tender upon pressure, and speaking or coughing produced a sensation of pain and soreness at the *pomum adami*; the fauces continued to be red and spotted with the eruption, but no false membrane was visible. (The fauces and pharynx were touched with a solution of nitrate of silver, containing ℥j to an ounce of water; a blister was applied over the neck, Dover's powder was added to the quinine and camphor, and the punch was omitted.) The general symptoms continued encouraging until the thirteenth day, and the voice became rather more clear and strong, but the same tenderness of the larynx remained, and pain was experienced in coughing or loud speaking. On the thirteenth day, she became suddenly much more feeble, and died on the fifteenth day of the eruption, which was shrivelled, without any regular scabbing excepting where it had been scratched.

An examination was made 29 hours after death, and the following appearances were presented.—Face very much collapsed; the eruption on the surface generally was flattened and empty of fluid; that on the right arm, which in consequence of a chronic surgical disease, had been wrapped during all her sickness in a thick flannel bandage, and confined upon a splint, was smaller and less advanced than that on the other arm and the rest of the surface. The remains of numerous vesicles were observed on the mucous membrane of the mouth, fauces and pharynx. There were none on that of the *œsophagus*, but many little glands were elevated above its surface; no ulceration of the membrane, nor redness excepting at a point opposite the thyroid cartilage,

where it was arranged in folds and was red and swollen; below this point, the mucous membrane of the oesophagus, stomach, and intestines, was free from ulceration and eruption of any sort, but was pale; the intestines contained no blood, neither was there any abrasion of the surface of the digestive canal to explain the source whence the blood which had been ejected by vomiting and by stool, had proceeded. The larynx was lined by a thin and delicate false membrane, which was beautifully seen under water floating loosely. When this was removed, the mucous membrane itself was found to be injected of a bright red colour, and superficially ulcerated in patches, which, however, so nearly approached each other that it seemed, at first, as if the entire mucous membrane of the larynx was destroyed; the follicular orifices were numerous exposed on the ulcerated surface. The deepest ulcer was found on the posterior surface of the larynx, between the attachments of the vocal cords, where the mucous membrane was entirely destroyed over a circular space of six lines in diameter. The lining membrane of the trachea was reddened, but not ulcerated; below the origin of the bronchia the mucous membrane was seemingly healthy. The other organs were in a normal condition, excepting for some trifling congestion.

CASE II.—Female, æt. 27. Sickened Dec. 11th, eruption appeared Dec. 14th; vaccinated in infancy. The eruption was discreet, and not very abundant. Moderate sore throat from the appearance of the papules. On the 18th the voice became hoarse with a hoarse cough, attended with pain in the larynx; on the next day the voice was whispering, the cough barking and stridulous; respiration noisy and full; pulse rose from 80 to 100 per minute; pain was experienced in coughing or in loud speaking, or in pressing the larynx, and in deglutition. The fauces were slightly inflamed and speckled over with the eruption. (Twenty leeches were applied on the throat opposite the larynx; on the day following a blister was placed at the top of the chest upon the sternum; the diet was strict, and gr. $\frac{1}{4}$ tartar emetic was administered every second hour. The symptoms improved speedily, and on the 22d Dec. the voice was clear, and the larynx free from pain and tenderness. The patient was discharged on the thirty-sixth day of the eruption.

CASE III.—Black female, æt. 28, unprotected. Fifth day, eruption semi-confluent; pulse 96; throat more sore, so that deglutition was exceedingly painful; voice from having been merely hoarse, became whispered; larynx tender upon pressure, and felt painful when the patient coughed, spoke, or swallowed. (20 leeches applied to the neck over the larynx; fauces touched with a solution of lunar caustic; farinaceous diet; poultices on throat.) Seventh day, no pain, in swallowing nor in speaking; voice whispered; pulse 112; pock contained a thin semi-purulent fluid; confluent on face. (Blister over the larynx; soup diet.) On the 8th the pock commenced drying; the voice remained as before; strength diminished. (Quinine gr. j every two hours.) She became more and more feeble, and died on the 11th day; the voice continued feeble, the respiration more laboured and frequent; and the complexion, where the skin could be seen on the face, bluish or purplish.

At the examination, 20 hours after death, the same condition of the fauces and the pharynx was presented as in the case first narrated; and in addition the mucous membrane was slightly oedematous. The upper part of the oesophagus was reddened, and its follicles were generally very apparent; the mucous membrane of the remainder of the digestive tube was pale. The lining membrane of the larynx was covered with a viscid secretion, and when

this was removed, the membrane itself was seen to be vividly injected in patches; there was also oedema of the submucous tissue; particularly about the rima glottidis. The mucous membrane of the trachea and bronchiæ was injected uniformly, and the lungs, especially at the root, were very much congested, as if in the commencing stage of inflammation. The heart was healthy, and contained pretty firm coagula of blood. The other organs presented no abnormal appearance.

CASE IV.—Black woman, æt. 20; said she was vaccinated in infancy, but no mark could be discovered. The eruption appeared on the third day from the commencement of the sickness; it was preceded by bleeding from the nose, which recurred at intervals after her entrance. The tincture of iodine was painted over the left side of the face and forehead, while the eruption was still papular; and on this side the eruption was held in abeyance, the surface was less swollen and less tender than on the right side. She had, on the third day, much soreness of the throat in swallowing, while the voice was unaffected. The pulse gradually increased in frequency, and on the seventh day was at 120, and feeble; the throat was rather less sore, (poultices having been applied to the neck, and the fauces and upper part of the pharynx touched with the solution of lunar caustic, of the strength before used.) The poek were very imperfectly filled with a thin purulent fluid; the ankles and calves of the legs were covered here and there, with large blebs containing a thin bloody fluid. On the ninth day the poek commenced drying; throat not sore; pulse 124. From the ninth to the thirteenth day she continued feeble, without any local disease apparently, throat not sore; the voice clear but feeble; the pulse varying from 124 to 140. The same general treatment was adopted as was employed in the first and third cases. On the thirteenth day a cough commenced, it was stridulous in sound, and attended with pain in the larynx; the voice became more feeble and whispered, and speaking gave rise to cough and pain in the larynx, as did also pressure upon this organ. (A blister was applied over the pomum adami, and grs. iij of Dover's powder were administered every two hours.) The patient died on the fifteenth day, the laryngeal symptoms continuing with very slight, if any diminution in degree, and the mind wandering in delirium of a quiet kind.

The post-mortem appearances resembled, as closely as possible, those of the last mentioned case, excepting that there was a passive congestion of the lungs, liver and brain; and the mucous membrane of the stomach and intestines was of a clarety hue; the heart also contained very soft and dark-coloured coagula, and the lining membrane of the aorta and pulmonary artery was stained to the distance of a few inches above the origin of these vessels.

CASE V.—A white woman, æt. 28, unprotected. She entered on the first day of the eruption. Until the seventh day her condition was as follows. Pulse feeble, ranging from 92 to 112; delirious every night; sometimes noisy and violent; eruption gradually becoming confluent; the poek imperfectly filled with a thin purulent fluid; the tinct. of iodine, which was applied over the right half of the face, upon the first day, had the effect of rendering that side less swollen and tender than the other, and of checking the development of the eruption. The throat was sore from the first; the voice was unaffected. On the seventh day the throat was less painful than it had been, but the voice became feeble, and whispered; the cough had a hoarse, barking sound, and was induced by swallowing or speaking; the larynx was tender upon pressure. The poek commenced scabbing on the eighth day; the gene-

ral symptoms not encouraging; strength flagging; the larynx presenting the same symptoms as on the previous day; the complexion dusky purple. So she continued until the twelfth day, gradually becoming more feeble, however; having an occasional paroxysm of coughing, during which the venous hue of her skin deepened; the respiration grew more frequent and laboured; the voice became exceedingly feeble; at times almost inaudible. She died on the twelfth day. No examination was made after death. The treatment pursued was similar to that used in the last mentioned case.

CASE VI.—A black girl, æt. 18, from the Venereal Ward of the Blockley Hospital; unprotected. The eruption was abundant, but did not become entirely confluent; the tinct. of iodine produced a similar effect on the side of the face to which it was applied, to that attributed to it in the other cases. The eruption filled very well. On the fifth day the voice first became altered, the change continuing to increase until, on the eighth day, it was scarcely audible, and in a whispered tone; speaking was attended with a sense of soreness in the larynx, and productive of a feeble, barking cough; the larynx was tender upon pressure; the pulse during this interval ranged from 124 to 144. The eruption commenced drying on the eighth day. (A blister was applied over the larynx, and the caustic used as in the previous cases; small doses of Dover's powder were also administered; soup diet.) The general and local symptoms improved; so that on the twelfth day the pulse was at 106, with more volume, the voice had recovered its clearness but still remained feeble, the cough had ceased; the amelioration progressed, and the patient entirely recovered. A large syphilitic bubo which she brought with her, suppurated after her convalescence from small-pox, and consequently her sojourn in the hospital was protracted; she was discharged on the fifty-fifth day, dating from the appearance of the variolous eruption.

CASE VII.—A black man, æt. 22, unprotected. The eruption became confluent; the pock contained a thin yellowish-white fluid, and commenced drying on the ninth day; the pulse at this time being 120 to 128, very feeble. The laryngeal symptoms first appeared on the seventh day, and were similar to those detailed in the preceding cases. The treatment pursued was as that before given, but no improvement followed either in the general condition of the patient nor in the symptoms of the local affection; on the contrary the voice became inaudible, and the cough more constant, being excited by a full inspiration, even: death occurred on the ninth day, the intellect unclouded to the last.

After death the mucous membrane of the larynx was found covered with a thin consistent false membrane, beneath which the mucous membrane itself was brightly injected in patches, and between these, it was superficially ulcerated; the ulcers being small and five or six in number; near the chordæ vocales the mucous membrane was more tumid than elsewhere. There were no ulcers or abrasions on the lining membrane of the trachea and bronchiæ, but simple injection; the lungs were stained at their posterior dependent part, but contained air throughout, and their tissue was of undiminished consistence.

CASE VIII.—White woman of intemperate habits, æt. 38, unprotected. On the third day from the appearance of the eruption, the face was uniformly red and hot, and the papules were visible only upon close inspection, yet the skin felt rough; the laryngeal symptoms were as those described in the preceding cases, and well marked in degree; pulse 92. (A blister was applied

over the front of the neck; gr. $\frac{1}{8}$ tartar emetic was administered every two hours; soup diet.) On the fourth day a few vesicles were seen scattered over the face; no improvement in the laryngeal affection; pulse 96; irruption of menses; the mucous membrane of the fauces œdematous. (The solution of lunar caustic was freely applied over the fauces.) On the sixth, blood was expectorated after each attack of coughing, and a sanious fluid flowed from the mouth and nostrils; the menorrhagia had increased; the face had the appearance of being covered with a coating of thin white paste; pulse 120, very feeble. (Quinine was administered freely during the fifth and sixth days; the tartar emetic was at the same time discontinued.) The patient died at the close of the sixth day, the laryngeal symptoms remaining very much as at first.

After death the mucous membrane of the fauces and pharynx was found red and œdematous. The larynx contained a thin bloody secretion, its lining membrane was injected, of a dusky red hue; the submucous tissue was œdematous, especially at the upper part of the larynx, and also at the frœna extending from the base of the epiglottis cartilage to the root of the tongue; so that when the mucous membrane was punctured, a bloody serum exuded. There was no ulceration of the membrane of the respiratory tract. The bronchial tubes contained a thin sanious fluid; the cavities of the heart were filled with soft coagula; the lining membrane of the pulmonary artery was darkly stained.

CASE IX.—A white female, unprotected. Eruption confluent; pock imperfectly matured; commenced drying on the eighth day. The laryngeal symptoms were as described above, dating from the eighth day, the pulse being 108, and feeble. Menorrhagia also came on. Death occurred on the twelfth day.

CASE X.—A black woman, unprotected. Eruption confluent; menorrhagia; laryngitis commenced on the seventh day, with symptoms similar to those before described. On the eighth day this note was made of the patient's condition:—pulse 108, feeble; pock flattened; the cuticle covering each wrinkled, as if it had been soaked in hot water; breath has the odour of dried blood; expectoration bloody; no sign of pneumonia present; cough very hoarse and feeble; voice whispered; speaking painful; larynx tender on pressure. The patient died on the tenth day.

At the post-mortem examination, a thin false membrane was found in patches upon the mucous membrane of the interior of the larynx, with œdema of the glottis and epiglottis.

CASE XI.—An Irish woman, æt. 31, unprotected, eruption discreet. The attack of laryngitis commenced on the seventh day, with laboured breathing, and a whispered voice; pulse 96; coughing and speaking were unattended with pain; the larynx was painful when pressed upon. She recovered and was discharged on the fifty-eighth day from the eruption, having been detained by the occurrence of boils and also of erysipelas.

The 12th case occurred in a white man who had been suffering for a year or more from pulmonary phthisis. The history which he and his friends gave of his sickness, was not sufficiently clear and explicit to permit of a certain opinion, as to whether the symptoms of laryngitis, which he presented at the time of his entrance, were exclusively dependent on the attack of small-pox.

He died on the day following his admission, on the ninth from the appearance of the eruption, which was confluent.

The most frequent complication was from erysipelas. It appeared at all stages of the disease, sometimes during the maturation of the small-pox pustules, sometimes later, during the period of convalescence from the variolous affections. All the tissues and regions of the body, which erysipelas usually affects, were implicated in the different cases; the instances in which the serous membranes were inflamed, were undoubtedly examples of internal erysipelas, judging from the products of the inflammation, and from the co-existence, in some cases, of external erysipelas in the individuals affected, and also from the prevalence of the latter in the wards. The following table will exhibit the seat of the complication in 59 cases.

Seat.	No. of Cases.	Result.		Eruption of Small-pox.		
		Died.	Recov'd.	Confluent.	S. Confl.	Distinct.
The Neck.	15	2	13	3	2	10
Neck and Face.	9	3	6	4	2	3
Neck and Fauces.	7	2	5	2	1	4
Head and Neck.	4	1	3	1	1	2
Head and Limbs.	2	1	1	1	1	
Head and Breast.	1	1		1		
Face.	9	3	6	2	2	5
Joints, cell tissues about the joints.	4	1	3	2		2
Peritonitis.	3	2	1	1		2
Pleurisy with inflammation of liver.	2	2		1		1
Pleurisy alone.	2	1	1	1	1	
Pleurisy, Hepatitis, and Peritonitis.	1	1				1

Generally the attack of erysipelas was ushered in by a chill; and when the face and head were the affected parts, the appearance of the erysipelatous inflammation was preceded by tenderness and swelling of the cervical glands.

It is impossible, of course, to determine the influence of the complication in question in the production of the fatal result which is above noted in 21 cases of small-pox attended with erysipelas. It was at once the index of a depraved condition of the fluids, and an added source of danger to life. Every precaution was taken to secure cleanliness of the apartments in which the sick were placed, and constant renewal of the air. The wards were white-washed from time to time; the floors were cleansed frequently; the apartments were

abundantly furnished with windows and ventilators, and heated each with a stove. It may be mentioned, however, that erysipelas was quite prevalent in the city during the period when the hospital was open, as will be seen by comparing the number of cases of the disease in the institution, with the number of deaths reported from erysipelas in the bills of mortality, in different months.

			Number of cases of erysipelas in the Hospital.			Number of deaths from erysipelas in the city.
1845, November,	.	.	1	.	.	0
December,	.	.	6	.	.	0
1846, January,	.	.	14	.	.	9
February,	.	.	21	.	.	4
March, .	.	.	13	.	.	2
April, .	.	.	4	.	.	3
May, .	.	.	0	.	.	8
August, .	.	.	0	.	.	2

The cases of internal erysipelas were highly interesting. The serous membranes were chiefly affected, alone affected, indeed, except in four instances, in which the liver and the right lung were also implicated, subsequently, however, to inflammation of the pleura of the right side. The symptoms which marked the invasion, and those which accompanied the progress of these intercurrent inflammations, were comparatively mild; excessive pain was rarely complained of, nor were the inflamed organs very sensitive to external pressure; moreover, the fever which was consequent upon this accession of disease was not particularly marked, or added but little, apparently, to that which already existed as a part of the original variolous affection. But, careful and repeated observations of the symptoms presented during life, permitted the formation of a correct diagnosis, as to the existence and character of the complication, and the date of its occurrence; and the post-mortem examination afforded, unfortunately, in many instances, the most convincing proof of its accuracy.

A brief summary of the history of these internal erysipelatous inflammations, as they manifested themselves, will not, we trust, be uninteresting.

There were three cases of peritonitis unconnected with any other internal phlegmasia.

CASE I.—A black girl, æt. 16, was vaccinated at the age of 6 years. The attack of small-pox was very mild; the eruption, very limited in amount, commenced drying on the seventh day. On the eighth day she was sitting up, feeling quite well and strong. On the fourteenth day, she had been taking care of a child all day, and in the evening felt tired and feverish. In the night she experienced pain in the abdomen, accompanied by vomiting of a green-coloured fluid; soon after she had a chill, with marked increase of fever. On the morning of the 15th, her pulse beat at 100 per minute, skin hot and moist; abdomen full and resonant, tender on pressure, and the seat of moderate pain at times; she felt exceedingly weak; features pinched, eyes sunken. (Fifty American leeches were applied over the abdomen, afterwards hot fomentations

with laudanum; two grs. calomel, and grs. iii Dover's powder were administered every two hours, and the bowels were moved by an enema; diet rigid.) On the 17th, pulse 116, feeble and regular; abdomen full and resonant, but free from tenderness and pain, excepting when flatus was passing through the intestines; tongue moist, covered with a thin white fur; no vomiting. (The calomel and Dover's powder were continued, as before, and also the hot fomentations; ten drops of the oil of turpentine were administered, with the view of causing the discharge of flatus; beef tea as nourishment.) On the 18th, pulse 120, very feeble, indeed; skin cool; features more sharp, eyes more sunken; tongue dry; occasionally vomiting of a green fluid; frequent hiccough; belly full and hard, tender on pressure. (A blister was applied to the abdomen; the calomel was omitted, as the gums were already swollen, and gr. j sulphate of quinine was substituted for it; milk punch was also given.) The patient died on the morning of the 19th day, from the variolous eruption, on the 6th day from the commencement of the peritonitis.

At the post-mortem examination, the effects of diffuse inflammation of the peritoneum were found; layers of soft fibrin, resembling very much in appearance the partially-formed curd of milk, were effused between the folds of the intestines, between the stomach and the transverse colon, upon the omentum, and on the liver; the same sort of curdy matter existed abundantly along the sides of the spinal column, and in the pelvis, covering also the organs in the latter cavity; the liver was not altered in consistence, nor were the other solid organs of the abdomen, or the viscera of the pelvis and thorax, appreciably diseased. The brain was not examined.

CASE II.—A black girl, æt. 19, vaccinated in infancy; the variolous eruption was discreet, commencing to dry on the sixth day, when she was sitting up dressed. On the ninth day, the glands of the neck became tender and swollen, and the blush of erysipelas appeared upon the face; these symptoms had disappeared on the 11th day, and the glands of the groins became swollen and tender. On the 12th day she had a chill followed by fever; pain in the abdomen, particularly on the left side; vomiting of a green fluid; the belly was tender, especially on the left side, full, soft, and resonant; the countenance wore an anxious expression; pulse 100; moderate heat of skin; headache; white slimy fur on the tongue. (50 leeches were applied to the abdomen, and calomel and Dover's powder were given as in the other case; very thin beef tea as nourishment.) On the 13th day, her condition generally remained as it had been on the previous day, with less pain and tenderness, however, of the abdomen. (Warm turpentine liniment was frequently rubbed on the parietes of the abdomen, and hot fomentations were applied steadily.) On the 14th day, pulse 120; feeble; occasional nausea, without vomiting; pain in turning in bed; decubitus dorsal, with limbs drawn up; tenderness becoming more diffused over the belly, with occasional darts of pain. (A large blister was applied over the abdomen, and the vesicated surface was dressed with mercurial ointment mixed with three grains of opium; weak brandy and water was given.) In the course of the day, towards night, a profuse diarrhoea came on; at the same time the glands in the groin became much more tender, and surrounded by erysipelatous inflammation; the fulness, tenderness, and pain of the abdomen subsided. On the following day the gums were found to be sore; pulse 100; very slight fulness of the belly; no tenderness; glands in the groin, especially of the left, very painful; erysipelas of the upper part of the thighs. (The calomel was discontinued; gr. j quinine was ordered every second hour; nutritious broth for diet; poultices of slippery elm bark to the groins.) The

patient continued steadily to improve, the inflamed glands did not suppurate, and she was discharged on the twenty-third day from the appearance of the variolous eruption.

CASE III.—A white girl, æt. 19, vaccinated in infancy. The history of this case resembles in some respects that of the last; but its termination was different. The attack of small-pox was in itself mild; yet owing, probably, to original weakness of constitution of the patient, the poek filled imperfectly and commenced drying on the ninth day; she then improved very much, and continued convalescing until the 20th day, when she had a chill followed by fever, and the other general and local evidences of peritonitis, similar to those already narrated; in addition to these, however, a slough appeared on the sacrum on the 25th day; erysipelas attacked the upper part of the right thigh, on the 26th, and the patient died on the 44th day from the eruption of small-pox, on the 24th day from the commencement of the peritonitis.

The appearances on dissection were as similar as possible to those of the case first narrated; they need not, therefore, be detailed.

Having had frequent opportunities of studying the post-mortem appearances in cases of puerperal peritonitis, I was struck with their very close resemblance to those of the two cases of peritonitis herein described;—the only difference being that, in the former the broad ligaments of the uterus and the ovaries were involved in the inflammation to a much greater degree than in the latter, in which merely the serous membrane was inflamed, the tissue beneath being unaffected.

Of erysipelatous pleurisy there were five cases, viz: two of simple pleurisy, two of inflammation of the right pleura combined, in one instance, with pneumonia of the same side, and in both with hepatitis; and one of inflammation of the liver, peritoneum, both pleuræ and the left lung.

CASE I. occurred in a white man, æt. 18, vaccinated in infancy; the eruption became semi-confluent, and commenced drying on the sixth day; on the 14th several boils appeared on the face and arms; on the 26th he had an attack of erysipelas of the face; on the 32d day he was quite well, and expected to be discharged soon. But eight days after, on the 40th from the eruption, he had a chill, followed by fever and sharp pain under the left nipple; this pain was aggravated by coughing, prolonged inspiration, and pressure; the sounds and action of the heart were as they should be, excepting as regards frequency of pulsation; the pulse was 96; with 38 inspirations per minute; the only physical sign was a diminished expansion of the left lung. (Six cups were applied over the left side of the chest, followed by hot fomentations; and $\frac{1}{2}$ gr. of tartar emetic was administered every second hour.) On the following day, a soft friction sound became audible over the left pleura, before and behind, the heart remaining unaffected in its sounds, action and dimensions; the pain had subsided very much; pulse 72. (The tartar emetic and the poultices continued as before.) The amendment progressed, and the patient was discharged on the 39th day from the appearance of the eruption.

CASE II.—A black woman, æt. 21, unprotected. The eruption became confluent, flattened, and did not begin to dry until the 10th day: (the woman entered the hospital on the first day of the eruption; her symptoms were then not encouraging, and the prognosis was unfavourable.) On the 12th day the pulse

was 112, feeble; pain in right shoulder; no pain in chest; none in breathing; no cough; soft friction sound in both acts of respiration heard all over right side of the chest, most clearly at the root of the lung. (A blister was applied over the right side of the chest, divided doses of calomel and Dover's powder were administered, and soup was allowed as nutriment.) On the following day there was an abundant effusion in the right pleural cavity; no improvement in the symptoms. The patient died on the 14th day.

The right pleural cavity was found after death, partially filled with a greenish-yellow fluid rendered thick by the admixture of soft fibrine, which existed in it in flocculi, looking like half solidified pus; the pleura was covered with similar masses of matter, and the lung was forced into the posterior part of the chest; the consistence of the lung was undiminished, and air was readily forced from all parts of it; its colour was of a dusky red. The left side of the chest and the abdomen were unaffected. There were a few circular abrasions on the mucous membrane of the pharynx; that of the larynx and trachea was simply reddened.

CASE III. is an illustration of the combination of pleurisy with inflammation of the liver. A black man, æt. 30, unprotected; the eruption became semi-confluent, and filled very well; scabbing began on the eighth day, and his condition was very favourable indeed. The most interesting feature in connection with this case of small-pox was, that the patient was exceedingly delirious from the commencement of the eruption, and continued so for several days; it seemed probable that the delirium depended upon the condition of the skin, as that which often attends severe burns and scalds, and accordingly Dover's powder was freely given at intervals, with the effect of overcoming it. From the 8th to the 12th day, his condition was steadily improving; pulse 92, on the latter day; strength quite good. On the 13th he had a slight chill, followed by fever, swelling and tenderness of the cervical glands and enlargement of the tonsil of the right side; these local affections subsided in the course of 24 hours, and instead of them, the knee-joint and the surrounding integument became swollen and painful. On the 15th an abscess was formed exterior to the knee, and the right elbow became enlarged and painful; pulse 86, soft; soft friction sound over the right pleura, and very slight dulness on percussion; no pain in the chest. (A blister was applied over the right side; soup was ordered as nourishment.) On the 17th, the conjunctivæ were of a yellow hue, and the urine was tinged likewise; there was no tenderness or fulness of the right hypochondrium; pulse 86; skin pleasantly warm; tongue clean; respiration as before; no increased dulness on percussion; belly soft. (Strong turpentine liniment was rubbed over the right hypochondrium.) On the 19th the right arm was painful and generally œdematous, with a hard and circumscribed swelling of the brachialis internus muscles; abdomen full and resonant, but not tender; the liver had become larger, as indicated by percussion; no pleuritic liquid effusion; tongue dry; pulse 104; mild delirium. (A blister was applied over the liver, and the vesicated surface dressed with mercurial ointment; gr. j quinine and gr. ij camphor were administered every second hour.) On the 20th, the right arm was still swollen, but no fluctuation could be detected at any point; belly tense, resonant all over; occasional cough, for the first time to-day, same condition of pleura and liver. He died on the 20th day of the eruption.

The following was the result of the post-mortem examination. Face thin and sunken, almost free from scabs; œdema of both arms; induration of the brachialis internus of the right arm, but no pus nor slough in its tissue.

Abdomen but little distended, soft and resonant; no liquid effusion in its cavity, nor lymph on the intestinal convolutions. The liver was large, adherent to the diaphragm and stomach by bands of recent lymph, soft and easily torn; no other effusion about the organ; internally it was more red than natural, and to the depth of an inch from its convexity its tissue was softened. The right lung was adherent to the costal pleura by short bands of fibrine, which was more firm and dense than that effused upon the liver; the posterior part of the lung was dark-coloured, giving exit when cut to more blood, and of a darker hue than was natural, or than escaped from the tissue of the left lung; it contained air throughout, however, and its consistence was undiminished; there was no liquid effusion in the pleural cavity. The brain and its membranes were apparently healthy, excepting for an undue amount of blood in the larger veins, and of serum in the ventricles.

CASE IV. is an instance of pleurisy combined with inflammation of the liver and right lung. It occurred in a black woman, æt. 24, in whom the eruption of small-pox was discreet, and unmodified by any previous protection. Her health had not been very good for some time; the eruption commenced drying on the 10th day, having matured slowly and imperfectly. On the ninth an ulcer appeared upon the edge of the right cornea; on the seventh the pulse was at 84, and gradually increased in frequency, until on the 12th it was at 132; the skin hot and dry; cough frequent, dry and painful; the right hypochondrium was full and tender; the percussion on the right side of the chest was slightly dull, and both acts of respiration were attended on this side with a friction sound; no expectoration; no râle. On the 13th the breathing was still more frequent; percussion of right side of chest dull from the middle of scapula downwards; conjunctivæ yellow, inability to lie on the right side in consequence of the pain and coughing and difficulty of respiration which was thereby occasioned. (Calomel and Dover's powder were prescribed at the commencement of the attack, and a blister was applied over the right side of the chest.) The symptoms and physical signs showed no diminution of disease, and the patient died on the 15th day of the eruption.

The following were the post-mortem appearances. The right pleural cavity contained a considerable quantity of yellowish serum tinged with red, and masses of yellow matter, half fibrine and half pus in appearance. The lung was only partially displaced, covered on its exterior with a layer of yellow coloured false membrane, with bands running here and there between the opposed pleural surfaces; these bands were soft and easily torn, the lower lobe of the lung contained no air, excepting at its posterior, superior, and internal edge, over a space as large as a hen's egg, from which a small quantity of air escaped, mingled with bloody serum; elsewhere the lower lobe was very dense, easily torn, of a pale red colour, and from the small tubes a fluid issued resembling pus in colour. The other lobes of the right lung were less solidified, and contained air mingled with fluid; their posterior parts contained more blood, and had also an œdematous appearance; the tissue was more easily torn than in health, but less so than that of the lower lobe. The pleural surface of the diaphragm was covered with false membrane, and presented also on its surface two large patches of ecchymosis, as it seemed at first, but the vessels were distinct and unruptured. The right lobe of the liver was attached to the diaphragm by long bands of tenacious fibrine, and its convexity was covered abundantly with masses of softer matter; its consistence was diminished to the depth of half an inch below its convex surface, and in this part its colour was more yellow than of the subjacent unsoftened portion. The

left lobe of the liver was seemingly unaffected, as were also the other abdominal viscera; the belly contained no effused fluid. The left side of the chest was not diseased.

CASE V. affords an example of remarkable complexity of disease. A black man, æt. 21, unprotected, had a mild attack of small-pox, the eruption distinct, and commencing to dry on the eighth day; from this to the 13th day he was free from fever and local complication, and was convalescing very satisfactorily. On the 13th he complained of pain in the abdomen, and tenderness on pressure, both of which were entirely removed by the operation of a dose of oil; he had no fever; no previous chill. On the 19th he still preferred lying in bed; felt no pain in the abdomen; slight tenderness on pressure; coughed occasionally without pain; expectoration scanty; sputa consisting of a viscid mucus of a yellowish colour, sometimes streaked with blood rather than mixed or tinged with it. Decubitus unrestricted to any position; respiration 34 per minute, short but not laboured; pulse 92, soft, without heat of skin; tongue of a bluish hue; percussion dull from the root of the right lung downwards, the patient sitting up; very slight bronchial respiration and vocal resonance over the same space; distinct friction sound heard over the two or three lower ribs posteriorly; no râle; when the patient lay upon his belly, the percussion of the right side of chest posteriorly was scarcely different, but the friction sound was less clear, and a mucous râle was now and then audible; the intercostal spaces were not tender; there was no fulness of the right side of the chest as compared with the left; prolonged inspiration was not painful. No abnormal sound on the left side. (A blister was applied over the posterior inferior portion of the right chest; small doses of calomel and Dover's powder were administered at intervals of three hours; diet, beef tea and farinaceous articles.) On the 20th, 21st, and 22d days, the physical signs continued very much the same, with the addition of tenderness on pressing the right hypochondrium; no yellowness of conjunctivæ; pulse, on the 22d, at 84; with 26 inspirations per minute; belly soft and full. (The calomel and Dover's powder were omitted, the gums having become affected on the 22d day; the belly was rubbed with strong turpentine liniment, and covered with hot fomentations.) On the 23d pulse 88; respiration 24 per minute; pain in right and left hypochondrium on coughing; countenance good; tongue clean and moist; he said that he felt better every day. (Ordered gr. ij iodide of potassium three times daily.)

The condition of the patient was improving both as to his strength, and with respect to the signs connected with his chest and abdomen, until the 45th day; the only new symptom which presented itself was night sweating to a moderate degree, beginning about two weeks from the last date. (The iodide of potassium was continued, and iodine ointment was rubbed over the belly and chest.) On the 45th day, the respiration was distinctly audible all over the right lung, without râle, and with but a very faint friction sound developed by a very full inspiration; slight dulness on percussion. At the root of the left lung there was increased resonance of the voice, and a crepitant râle, with dulness on percussion over a space as large as the palm of the hand; slight febrile movement; no night-sweats; appetite pretty good; strength sufficient to permit him to sit up, and walk about the room every day. In a day or two a friction sound became audible on the left side of the chest, opposite the root of the lung. (A blister was applied on this region.) On the 51st day the respiratory sounds were as on the last date over the right chest; large fluid effusion in left pleural cavity; percussion of abdomen dull,

becoming flat in approaching the pubis, with a feeling of fluctuation, occasional pain in the belly. From this time his condition varied, sometimes he would feel quite well, and again very miserable. At the time of his death, 70 days from the appearance of the eruption, he had hectic fever; at times the respiration in the right lung was pretty clear and free, without friction sound; slight dulness on percussion. On the left side of the chest, the percussion was flat nearly to the summit, no respiratory murmur audible; at the root of the lung the voice was very resonant; no bronchial respiration; no ægophony. The abdomen was very much distended; percussion flat below the umbilicus; obscure fluctuation recognizable. His mind was entirely unaffected throughout his sickness.

Post-mortem Appearances.—Emaciation. Bronchial glands generally enlarged and tuberculous. Firm adhesions of right pleural surfaces. No fluid in the cavity. The left pleural sac contained a very large quantity of sanguineous serum; the opposite surfaces of the serous membrane being connected by long bands of fibrine, and the lung compressed against the spine, so as to occupy a space about as large as a man's fist. The lung contained no air; its tissue was generally softened. Both lungs were of a dark slate colour, and both contained tubercles, varying in size from that of a pin's head, to that of a hazelnut, of a dirty white hue, and easily broken up. The largest of these tuberculous masses were surrounded by a false membrane. There was no ulceration in the lungs. The false membranes of each pleura contained small tubercles. The abdomen was abundantly filled with dark straw-coloured serum. The peritoneum was everywhere covered with fibrine, which was studded with little tubercles, generally as large as a grain of linseed, white and hard. All along the inferior side of the transverse colon, stretched a mass of fibrine about as large as the pancreas, and looking much like it; but filled with soft white tubercles, a little larger than a pin's head. The intestinal convolutions were massed together by soft fibrine, also containing tubercles. The intestines were distended with gas, their mucous membrane was pale; the follicles of Peyer and of Brunner, were of a bluish colour and readily distinguishable, not ulcerated. The mesenteric and mesocolic glands tuberculous. The entire convexity of the liver was attached to the diaphragm by firm close bands of fibrine, which contained tubercles. The organ was of its usual size, the consistence of the right lobe diminished; it contained no tubercles. The spleen was also attached to the peritoneum by bands of tuberculous false membrane, and it contained tubercles varying in size from a grain of linseed to a pea. The kidneys were similarly covered with masses of fibrine, containing tubercular matter; their internal appearance was not abnormal. The brain and heart did not deviate, in any appreciable manner, from the healthy condition.

The following case of inflammation of the lining membrane of the heart and of the pericardium, is interesting on many accounts. It occurred in the course of a severe attack of confluent small-pox, in an unprotected individual, as the first symptom of rheumatism, the articulations becoming subsequently affected, and was cured by very mild remedial measures.

A black man, æt. 21, unprotected, went to church, as usual, on Sunday, and on Monday morning was suddenly attacked with violent pain in the back, headache, and repeated vomiting; he drank freely of some hot aromatic infusion, and in the evening a papular eruption appeared on his face, when the

preceding symptoms were relieved and the accompanying fever subsided very much. He came to the hospital on the fourth day of the eruption. On the eighth day, his pulse was at 92; soft, of pretty good volume; but little sore throat; voice clear and strong; slept well on the preceding night, not delirious; appetite and relish for food; eruption confluent, pock flattened on the face, containing purulent matter. On the hands the pock presented a shrivelled wilted appearance. (Gr. j sulph. quinine, every two hours; beef tea.) On the ninth day, pulse 120, more feeble; face more swollen and sore. Some of the pock on the face commencing to dry. (In addition to the last prescription, a wineglassful of weak brandy punch was ordered every three hours, and the face to be frequently wet with cold mucilage.) His condition improved, so that on the 13th his pulse was at 96, and becoming more full and strong. The punch was omitted.

On the 14th, he first experienced severe pain in the præcordial region, covering a space as large as the palm of the hand, sometimes sharp and cutting, increased by motion of the chest; but present constantly. Percussion over the heart not more dull than natural, painful. Impulse quick, but not particularly forcible; both sounds distinct; first prolonged over the whole præcordium, shriller and on a higher key at the base than at the apex, and heard along the course of the primitive carotids; 2d sound unaltered; respiratory murmur heard over the region of the heart and elsewhere, no râle; pulse 90, regular, soft and quick in its beat; skin warm. No pain in any of the joints. (Three cut cups were applied over the heart, and afterwards hot fomentations; farinaceous diet; half grain calomel and three grs. Dover's powder to be given every second hour; quinine to be omitted.) On the 15th, pulse 100, same character as before; slight occasional cough, attended with increase of pain over the heart; general symptoms encouraging. The pain was relieved temporarily by the cups and fomentations; but to-day it is as great as yesterday, with the same tenderness on pressure over the heart, and only there; no manifest fulness of this region; percussion appreciably dull from the apex of the heart upwards towards the clavicle, diminishing above the nipple, quite dull between the nipple and the sternum. Sounds of the heart of the same character as yesterday; but less audible; no friction sound; respiratory murmur distinctly heard all over the front of the chest. On the 16th the general and local condition remained very much as before; the gums were a little sore, and the calomel consequently was directed to be given three times daily. Dover's powder as before; a blister to be applied over the heart. On the 18th, the percussion over the heart was decidedly less dull, and the first sound had lost some of its blowing character. The only pain complained of was that arising from the blister, which acted very well, and that which had attacked the right knee-joint, during the night; accompanied with redness of the skin and swelling of the joint itself. (A liniment containing oil of turpentine and laudanum was directed for the joint, to be followed by the application of a warm poultice.) On the 19th, the swelling and pain of the knee had very much abated; but the elbows were painful and swollen. (The same applications were ordered for the elbows as for the knees. The calomel was directed to be given only at night, with five grains of Dover's powder.) On the 22d, the elbows and the knees were free from pain; but the wrists were swollen and painful. Pulse 96; no pain in chest; percussion over the heart not appreciably dull; first sound remained prolonged. There had been no audible friction sound. (Ordered ten drops of wine of colchicum, with a teaspoonful of the officinal solution of sulph. morphia, three times daily; wrists to be treated as were the other inflamed joints; blisters over the præcordium;

the calomel and Dover's powder to be omitted.) On the 37th day, the sounds of the heart were perfectly natural, and the patient was to all appearances free from disease. He was discharged on the 42d day from the appearance of the eruption.

Some of the other complications presented many points of interest, but the limits of this article do not permit any farther detail.

Of the 287 cases of variolous disease, 69 died. The annexed table will show the circumstances of greatest interest attending these fatal cases.

Whites.		Blacks.	Date of Decease.	Whites.	Blacks.
Total . . .	31	38	On the 4th day.	1	1
Males . . .	21	23	“ 5th “	2	1
Females . . .	10	15	“ 6th “	2	1
Unprotected . .	26	34	“ 7th “	5	2
Vaccinated . .	5	3	“ 8th “	8	4
Prot. by small-pox .	0	1	“ 9th “	1	6
Confluent . .	25	30	“ 10th “	2	3
Semi-confluent .	4	4	From the 10th to 14th.	6	8
Discreet . . .	2	4	During 3d week.	3	8
Under 5 years .	1	1	“ 4th “	0	2
Between 5 and 15 .	1	0	After the 4th “	1	2
Between 15 and 25	13	15	Complications.		
Between 25 and 35	7	10	Laryngitis.	6	3
Between 35 and 50	7	8	Ext. Erysipelas.	0	6
Between 50 and 60	2	2	Peritonitis.	1	1
Above 60 . . .	0	2	Pleurisy.	0	1
			Pleurisy and other in.	0	3
			Miscarriage.	0	2
			Mania-à-potu.		1

It will be observed that one of the deaths occurred in the case of a black man who had experienced a previous attack of small-pox. He had never been vaccinated, but in the summer of 1844, only six months before his admission into the hospital, he was seized with small-pox in New Orleans, and bore upon his face more than thirty deep pits caused by it. The second attack was not severe, the pock being discreet, and maturing regularly and well; but, on the eighteenth day of the eruption, he became affected with erysipelas of the head and face, and died on the 23d day.

Of the deaths, eight occurred in persons who had been previously vaccinated. The attending circumstances may be thus summed up :

	Colour.	Age.	Date of Vaccination.	Eruption.	Complication.	Date of Death.
1	White.	24	In infancy.	Confluent.	None.	On the 5th day.
2	White.	24	do.	do.	do.	" 10th "
3	Black.	16	at 6 yrs. old.	Discreet.	Peritonitis.	" 19th "
4	Black.	20	in infancy.	do.	Erysipelas.	" 14th "
5	Black.	35	at 25 yrs. old.	Confluent.	None.	" 10th "
6	White.	21	in infancy.	do.	do.	" 10th "
7	White.	19	do.	do.	Peritonitis.	" 44th "
8	White.	35	do.	do.	None.	" 7th "

In all these cases, excepting the fifth of the table, (in which there was good reason for thinking that the person had been vaccinated, as he stated, although the mark could not be seen,) the scar produced by the vaccination was very manifest; in the last-mentioned instance but one of the table, the scar was broad, white, punctuated, but superficial; in the other instances it was circular, depressed, punctuated, and varying in size from one-quarter to one-half an inch in diameter.

By comparing the proportion of deaths among the blacks to the whole number of blacks admitted to the hospital, (as stated in the second table,) with the same ratio among the whites, it will be found that the former is considerably greater than the latter; this difference is owing, in all probability, to the much greater rarity of vaccination among the blacks than among the whites. Thus of the 121 blacks admitted, 84 were unprotected; while of the 166 whites, only 53 were without the protective influence of vaccination, and another had been inoculated, making 54 in all.

Post-mortem Appearances.—Thirteen examinations were made after death, of the bodies of individuals who had died apparently from the small-pox alone, uncomplicated with any other affection. The lesions, when any existed, were not constant, and not always produced by the disease during life; thus the congestion of the solid viscera, which was the most commonly met with, seemed to be frequently a consequence of death, although probably favoured by the condition of the blood.

Of the thirteen subjects, three had been vaccinated, and had died of confluent small-pox; the remainder were unprotected; five died of confluent small-pox, which terminated from the fifth to the tenth day; three of semi-confluent, ending on the seventh and eighth days, and two of the discreet form, terminating on the ninth and tenth days.

In the three vaccinated cases, death took place in one on the fifth day, in

one on the seventh, and in the third on the tenth day. In all of these the eruption had been exceedingly confluent, filling very imperfectly in the last, and in the other two instances remaining flat; so that in the first case the face looked as though it had received a coating of thin white paste; in the second the fluid was rather more turbid and yellowish; in the third, desiccation had commenced on the seventh day, and the face was covered with thin yellow crusts. In all, the cuticle was easily removed during life, by accidental or intentional rubbing on the part of the patient, to relieve the irritation of the skin, and from the exposed surface blood exuded; in the last mentioned instance, in which death occurred on the tenth day, large blebs had formed upon the ankles and legs, filled with bloody serum. In all, the blood found in the cavities of the heart was imperfectly coagulated, the clot being soft and dark coloured; the gastro-intestinal mucous membrane was darker in hue than is natural, but free from ulceration or abrasion, or any unusual appearance of the follicles; the liver, spleen, and kidneys were stained in the same manner, but their consistence seemed unaltered materially; the lungs were congested, especially at their posterior part; the pleural cavities contained a small quantity of dark-coloured serum; the brain presented when its tissue was cut, numerous dark red points; the ventricles contained more or less serum, altered in colour by the admixture of the colouring matter of the blood, and the vessels on the surface of the convolutions externally were turgid; the consistence of the organ seemed to have been slightly diminished, without there being any evidence of inflammation. In all, the mucous membrane of the trachea, larynx, œsophagus and pharynx was injected; dark-coloured, particularly in the last case; not softened in any, and presenting numerous small abrasions, as it seemed but the uniform dark colour and turgescence of the membrane rendered this opinion uncertain.

The appearances noticed in the autopsies of the unprotected cases were similar to those above described; variations existing, of course, in the degree of the congestion present, and in the serous exudations thereby induced.

The duration of the stay of each patient in the hospital was noted, and is given in the following table; the time being counted from the appearance of the eruption in each, when this could be accurately fixed. Each patient was retained until the scabs had all fallen off, and until any intercurrent affection had been cured or sufficiently relieved. Of course, these conditions were very much modified by accidental or constitutional circumstances. Thus, in some instances, although the eruption had been but scanty, and the patients had been vaccinated, the complete removal of the scabs from the surface was delayed by originally feeble health; by the occurrence of some severe disease, or of some less serious affection which rendered convalescence lingering.

The same table will show the frequency of the different kinds of small-pox, as to the amount of the eruption; the sex of the patients, their colour; and the time which had elapsed since the vaccination of those who had been thus protected. Generally, the patients had been vaccinated in infancy, and

but once in every instance; in no case had revaccination been practised, and this fact, considering the very common custom of revaccinating, during the years 1845-6, affords a very strong argument in favour of the practice; since more than one-half of the patients had been vaccinated at one time or another, and presented on their persons well marked scars left from the operation. These scars were whiter than the surrounding skin and generally circular in shape, depressed and punctuated.

Date of Discharge.	Time.	Vaccinated Whites.	Unvaccinated Whites.	Vaccinated Blacks.	Unvaccinated Blacks.	Total.	Time elapsed since vaccination.							
							Years.	Cases.	Years.	Cases..	Years	Cases.	Total	
1st week		0	0	1	0	1								
2d "		22	1	6	4	33								
3d "		37	2	7	5	51	4	1	19	10	29	1		
4th "		22	4	3	7	36	8	3	20	8	30	9		
5th "		2	8	7	15	38	9	2	21	8	33	4		
6th "		7	5	0	8	20	10	3	22	9	34	5		
7th "		3	3	2	3	11	12	1	23	5	37	3		
8th "		2	3	0	4	9	14	2	24	6	38	1		
9th "		1	1	0	2	4	15	6	25	10	40	4		
10th "		1	0	0	0	1	16	2	26	6	44	2		
11th "		2	1	0	1	4	17	2	27	6	46	2		
12th "		0	1	0	1	2	18	11	28	4				
Total.		105	29	26	50	210	Total.	33		72		31	136	

Eruption.	Confluent.		Semi-Confl.		Discreet.		Males.		Females.		Protected.		Unprotected.	
	39		21		150		141		69		131		79	

Complication.	Ext. Erysipelas.		Peritonitis.		Pleurisy.		Laryngitis.		Boils.		Fract. Arm.	
	41		1		5		1		39		1	
	1		5		1		1		1		1	

Among the patients were two white persons who had been inoculated. One was a lieutenant in the U. S. Navy, 35 years of age, who was inoculated in infancy, and was vaccinated at the age of 25 years, ten years prior to the attack of small-pox, for which he was admitted to the hospital. The attack was exceedingly mild, the pock commenced drying on the seventh day, and he was discharged on the 18th. The other was a woman, 46 years old, who was inoculated in infancy; in this case, also, the eruption was very scanty, and commenced drying during the formation of the vesicles: she was discharged on the 16th day.

From the table just given, it would seem that, of the vaccinated persons who became affected with the variolous disease, more than twice as many cases occurred within the ten years, from 19 to 28 inclusive, than at either of the other two similar periods recorded. And by referring to another tabular statement, it will be seen that of the eight deaths which happened to vaccinated persons, six occurred within the same period.

It is a matter of considerable interest to note the effect of vaccination in

modifying the variolous disease. The following table will exhibit the impression thus produced upon the eruptive and maturative stages of small-pox, as contrasted with the unmodified disease, dating from the commencement of the sickness.

The Eruption appeared in the			The Eruption commenced drying		
	Vaccinated.	Unvaccinated.		Vaccinated.	Unvaccinated.
On 1st day	0	1	On 4th day	1	0
2d "	18	13	5th "	6	0
3d "	42	40	6th "	29	6
4th "	41	25	7th "	28	9
5th "	17	11	8th "	19	47
6th "	2	1	9th "	3	9
			10th "	1	2
			11th "	0	2
Total	120	91	Total	87	75

The treatment pursued did not differ from that usually recommended in treatises on the subject of small-pox. In mild cases, no medicine was necessary; at most, in such instances, some simple diaphoretic was given, sometimes with the addition of two or three grains of Dover's powder at intervals; cooling lotions applied to the face were found to be very agreeable to the patient, and were thus far of service. In the more aggravated forms of the disease, as where the eruption was very abundant and slow in maturing, a supporting, and even a stimulating treatment was pursued; many instances could be detailed to confirm the propriety of this course, by which cases the most unpromising passed safely through the attack.

Some experiments were made to test the value of the tincture of iodine, locally applied, for the prevention of pitting. Dr. Samuel Jackson of this city, formerly of Northumberland, first suggested this method to me. The tincture of iodine, prepared according to the U. S. Pharmacopœia, was applied upon the surface by means of a brush; the first application caused considerable smarting, but this soon subsided, and subsequent applications could be made with little or no discomfort.

In the experiments referred to, the tincture was used once or twice daily, commencing as soon after the appearance of the papules as possible, and continued until the pustular stage occurred; if the application was commenced after the formation of the vesicle, no good effect ensued. It was painted over one-half of the face only, in order that the appearance of the surface thus protected might be fairly compared with that of the other side; having been thus tested in a great many cases, of which thirty were carefully noted, the effects were found to be the following: the side of the face which was covered with the tincture was comparatively little swollen; the eruption was flattened, so as to be scarcely elevated above the surface, while on the other side the

vesicles first, and subsequently the pustules, were full and swollen; there was much less heat and soreness in the protected side than in the other, and much less tenderness when this side was touched; when pits were left on the unprotected side of the face, after the disengagement of the scabs, and the healing of the little ulcers thus exposed, those on the protected side were found to be less numerous and perhaps less deep; but in no instance can I certainly affirm that pitting was entirely prevented by the iodine, in cases in which there were pits upon the opposite surface.

The mild mercurial ointment, as employed by Dr. Stewardson, and to the efficacy of which he has borne his weighty testimony in the interesting paper spoken of at the commencement of this article, was used in sixteen cases. The ointment was spread upon the face directly, in some instances, in others it was smeared upon a piece of soft linen, cut so as to apply itself closely to the irregular surface; in all the cases the application was commenced before the papules began to change their character, and was continued throughout the vesicular stage. This produced effects very similar indeed to those of the tincture of iodine; but it seemed to me that the efficacy of the former in preventing swelling and tenderness was not quite so remarkable as that of the latter, and that its capability of entirely preventing pitting was not greater. The tincture of iodine is much more easily applied than the ointment, and when once laid upon the surface it remains; whereas the ointment, whether laid directly on the skin, or first spread upon linen, requires constant renewal or adjustment. In the account given of the first case of laryngitis, the reader will find a statement made of the effect of the mercurial ointment upon the development of the eruption; and in the same connection, the efficacy of simply covering the surface so as to exclude the light, and the air in a measure, is noticed.

ART. VI.—*Case of Ovarian Dropsy, with Remarks.* By E. R. PEASLEE, M. D., Prof. of Anatomy, &c., Dartmouth College.

THE following case is thought to be not devoid of interest, especially in respect to the amount of dropsical fluid drawn at each of the last three operations of paracentesis.

On the evening of August 24th, 1846, Mrs. L. S., a tall, well-formed, and uniformly healthy lady, æt. 28, and who had been married somewhat more than a year, was seized with what her more experienced female friends assured her were labour pains. She had noticed a gradual abdominal enlargement during the last six months or more; which, though the catamenia still regularly appeared, was by her friends as above, attributed to pregnancy, and now the delivery was supposed to be at hand.

The physician who attended her on this occasion, however, merely prescribed for colic, and withdrew; assuring the patient and friends that they had made a mistake as to the nature of the pains; and on the next day I was requested to see her and decide whether she were actually pregnant or not.

The abdomen was found to be already forty-two inches in circumference; the form of the enlargement was unlike that of pregnancy; fluctuation was evident; and a digital examination showed that the uterus was of the normal size, though from its height, neither could its body be well examined, nor could the ovaries be distinguished at all. It was ascertained that about a year previously, she had been attacked by a severe lancinating pain, which might be referred to the left ovary; and which, continuing several days, was followed by a tenderness of several weeks' persistence. No tumour could be detected behind the fluid on either side; nor was either side more prominent than the other.

The case was regarded as one of disease originating in the left ovary, and as extirpation was not now to be thought of, whatever may be said in its favour in the earlier stages of some cases of this disease, I merely advised friction to the abdomen with the unguent. potass. hydriodat., with a tight flannel bandage; the warm bath; much exposure to the open air, and attention to the general health; diuretics also to be used, in case the urine became diminished below the healthy standard, which had not yet been the case.

I did not again see Mrs. S., till Dec. 1847. Meantime she had applied to a large number of irregular practitioners; some of whom had made use of elaterium and other violent drastics, others had administered large quantities of calomel; and others still, the most active diuretics. By this variety and violence of medication her general health became very much deranged. Still the fluid increased at the same apparent rate, till July 27th, 1847, when being on a journey, she slipped while stepping into a carriage, and the symptoms became so imminent that Prof. Palmer, of the Vermont Med. College, at once performed the operation of paracentesis; by which thirty-four and a half pounds of fluid were removed. A large tumour extending from a point three inches above Poupart's ligament, to the same distance above the level of the umbilicus, was now found occupying the left side of the abdomen. Her general health became much better after the operation.

Dec. 3d, 1847, the operation was again repeated by Prof. Palmer, and sixty pounds of fluid were removed. The tumour had increased since the first operation, five months previously. Bandages and attention to the general health, now evidently failing again, were alone advised.

May 27th, 1848, I again saw the patient; and it being necessary to repeat the operation, I removed eighty and a half pounds of fluid at this time; the abdomen being five feet and three inches in circumference before the operation.

Oct. 4th. I repeated the operation, and at this time withdrew eighty-eight pounds of fluid; the abdomen before the operation being five feet and five inches in circumference.

Just fifty-six days (Nov. 29th) from the preceding operation, I found the abdomen five feet six inches in circumference, and removed by another operation eighty pounds of fluid. It was judged that at least twenty pounds more would have been obtained, had not the remainder been too viscid and stringy to flow through the canula, though a large one.

The tumour now filled the whole of the left half of the abdomen from the diaphragm to within four inches of Poupart's ligament, and terminated abruptly in a prominent edge on the mesial line. Before withdrawing the canula, the

trocar was thrust into another sac of the tumour; though but a small quantity of puriform fluid was obtained therefrom.

The patient gradually sunk, having had almost no appetite for the last two months, and expired on the 29th of Dec. last, a month after the last operation. No untoward symptoms had followed either operation, and there had been no irregularity of the bowels; no notable diminution of the quantity of urine; and no dyspnœa, except just before each operation, to the last.

Post-mortem Examination 40 hours after death.—Great emaciation; anæmia; superficial veins of abdomen and thorax enormously enlarged; circumference of abdomen five feet three inches; great anasarca of trunk and lower extremities.

Commenced by withdrawing the fluid, amounting to sixty pounds, through a canula. The tumour had enlarged antero-posteriorly since last operation; appeared solid except at a few points, where the slightest fluctuation could be detected; strongly attached to the walls of the abdomen, and being more so above than below, and terminating four inches above Poupart's ligament, it resembled an immense enlargement of the spleen, or of the left lobe of the liver, far more than an ovarian tumour.

On opening the abdomen, the sac which had contained the fluid was penetrated, and might at first have been mistaken for the cavity of the peritoneum itself, so perfectly adherent was it to the latter on its entire anterior and lateral aspects. In other words the tumour (of which the sac was a part), after pressing up beneath the diaphragm the whole mass of small intestines, the liver and stomach, at the same time carrying the diaphragm itself up to the level of the third costo-sternal articulation, had entirely obliterated the cavity of the peritoneum below the level of the transverse colon. The sac still contained a small quantity of puriform fluid, which entered through a few orifices communicating with the other parts of the tumour.

The tumour, together with the sac, was found, on removal, to weigh twenty-nine pounds. It consisted of a great number of sacs, distinct from each other, except the four or five which communicated with the large one, and varying in size from that of a pin's head to that of a cocoa nut. Of the latter size there were but two; while perhaps thirty were of the size of a hen's egg. All these sacs were of a spherical form, and filled with fluid; limpid and transparent in the smallest, and presenting every variety of colour in the larger ones, and many varieties of appearance, aqueous, oleaginous, purulent, albuminous and sanguineous. The whole mass, exclusive of the large sac, resembled in its general shape, a huge musk-melon, one-fourth of which had been removed by two longitudinal incisions meeting at its axis; one of the prominent edges thus produced, being that presenting up and down the linea alba; while the other extended to the right side, and behind the fluid. Its length was sixteen inches; its extreme diameter thirteen inches. The large intestine had been so displaced as to become curved around the tumour like an inverted U; and even the sigmoid flexure had entirely escaped its pressure, since the lower extremity of the tumour did not overlap it.

On examining the inferior, and only original connections of this mass of disease, it appeared merely an enlargement, from degeneration, of the ovary itself; each sac corresponding apparently to a Graafian vesicle or ovisac. Its pedicle consisted of the natural reduplication of the peritoneum which forms the broad ligament of the uterus, about four inches wide; enclosing a single artery not larger than the spermatic usually is, with its accompanying veins, and the Fallopian tube, slightly enlarged, and so elongated as to reach the upper extremity of the diseased mass, and behind which it lay. The ovarian

ligament became very thin at the distance of an inch from the uterus; and could not be traced more than two or three lines farther as a distinct structure.

Remarks.—We may inquire, upon what grounds any benefit can rationally be expected from cathartics, diuretics or diaphoretics, in this disease. The only original vascular connection, in this case, of the diseased part with any other part of the body, were the artery and veins before mentioned. The vessels are not in all cases so small, by any means, or so few; but it would seem we might at least, quite as reasonably expect to remove external pediculated tumours, or polypi, by the above mentioned remedies, as thus to cure ovarian disease. Still more probably might we remove the fluid of a hydrocele, by diuretics or cathartics; and yet, I am not aware that either of the diseases just mentioned, is ever treated in this way. After the enlarged organ becomes strongly adherent, it is true vascular connections are established in abundance; but then, all admit it is *too late* to expect anything from diuretics and cathartics. The opinion is here hazarded, that they are, in no stage of the disease, of any value, except so far as the particular state of the functions may indicate them, on general principles.

It has been inferred from the well authenticated (though, in any partial instance, so doubtful) efficacy of diuretics and cathartics in ascites, that they must also prove valuable in ovarian dropsy. But a very little reflection will show that the fluid is placed in entirely different relations in the two diseases. In *ascites* the fluid is separated by the mere interposition of the peritoneum from the alimentary canal—into which it may enter by endosmosis, during hydragogue and cathartic operations, and from the arteries; and above all, the veins, large as well as small, in the abdominal cavity; which latter the fluid readily permeates, if any considerable amount of aqueous fluid is previously removed from the blood by the kidneys, stimulated by a diuretic. On the other hand, in *ovarian dropsy*, the fluid is contained in a thick, dense sac; and we also find two layers of peritoneum, much thicker and changed in structure, besides the sac, interposed between the dropsical fluid and the intestines and vessels, at almost every point. This is the condition of the fluid when the disease is far advanced. But even when the fluid first begins to accumulate, and before any adhesion takes place, the tumour is covered by the peritoneum constituting the broad ligaments; and the relations are essentially the same as just specified.

Nor do frictions to the abdomen of any kind, promise any more benefit than the preceding remedies, on rational grounds, before adhesion has taken place. Do they *afterwards*? In this case, the iodide of potassium ointment was recommended, quite as much to keep the patient from more painful and injurious medication, as to promote absorption; in both respects, however, it equally failed.

The only treatment which promises any decided benefit in my opinion, if we leave all surgical procedures out of the question, or after such are no

longer admissible, is such medication as serves to improve and maintain the general health in all respects; light bandaging of the abdomen; and tapping whenever dyspnoea or suffering from pressure on any particular organ, no longer admits delaying the operation. A few cases recover after treatment, and this of various kinds. A very few recover after an accident, as a fall, causing a rupture of the sac; now and then a patient recovers spontaneously, as appears to be the case. But these are all exceptional cases; and the first mentioned are very probably as much the result of accident—as independent of treatment—as the rest. Tapping very rarely is followed by a cure.

The preceding case is somewhat remarkable for the amount of fluid removed at each of the last three times. Sir A. Cooper remarks that the* average quantity is from twenty-five to thirty-two pints; that the smallest quantity he ever removed was eight quarts; and the largest, (from an ovarian cyst,) was *twelve gallons and a half*. The quantity taken from my patient at the last three operations were 80½, 88 and 80 lbs. avoirdupois; and judging from the specific gravity of the fluid drawn by the last operation but one, there must have been at least 10¾ gallons. The other two also averaged very nearly ten gallons each. The whole amount drawn by five operations was 343 lbs. To this add 60 lbs., removed from the sac after death, and the amount is 403 lbs. or very nearly fifty gallons. The total amount might have been very much increased, doubtless, had the patient been operated on more frequently.

The number of times a patient may bear to be operated upon, if the principle of delay is entirely disregarded, is sometimes almost incredible. Four to six times is not at all uncommon. But Schmucker† operated on one patient twenty-nine times, and on another fifty-two times, in four years. Mead operated on a patient sixty-five times, in sixty-seven months; and Berard mentions a woman who was tapped 665 times in thirteen years; thus averaging, for thirteen years in succession, a tapping once in seven days, and a small fraction. I do not propose to add anything farther in this direction.

It appears, also, that eighty pounds of fluid (and probably at least sixty pounds more which could not be withdrawn) accumulated in fifty-six days (Oct. 4th, to Nov. 29th); and at least forty of the sixty pounds removed after death, were secreted by the containing sac, during the last thirty days of life. Yet during these periods, and especially the latter, the patient took almost no nutriment, and scarcely more fluid, it was believed by her nurse, than would equal the quantity of urine excreted. Emaciation was, however, very rapid during these periods; and as urea existed in the fluid, I attribute the accumulation mainly to this source.

DARTMOUTH COLLEGE, }
Feb. 20th, 1849. }

* Quoted by South in *Chelius' Surgery*.

† Ibid.

ART. VII.—*Effects of Chloroform as a Narcotic Agent.* By JOHN C. WARREN, M.D., Author of "Etherization; with Surgical Remarks," &c.

A SHORT time since, I received a letter from a distinguished person in Canada, in which my opinion was requested as to the state of the ether-practice and the use of chloroform. This communication led me to see the propriety of publishing some observations of a practical nature, which had occasionally presented themselves in the course of my experience. A natural reluctance to take up a subject, which, however important, had already been so hackneyed, had prevented me from executing the design, until I was repeatedly inquired of, as to the actual condition of the ether-practice. The very unfavourable influence exerted on this practice also by the fatal cases of chloroform, seemed to add to the necessity of a careful consideration of the phenomena with which they were attended. At length I received, among others, the letter already alluded to, from which the following passage is extracted.

"The use of chloroform had been just announced as your book was going to press, and you reserved your opinion on its merits, till you could speak from experience. In the interim it does not seem to me, that in this vicinity the medical profession are availing themselves generally, and with confidence of the aid of the one agent or the other, which I am at a loss to account for, and I am surprised that more has not been said of this wonderful discovery than appears to have been within the last six months. * * * I have a curiosity to know, whether as you have become more familiar with the use of ether and chloroform, your confidence in it has been confirmed, or shaken. Judging from the clear and succinct summing up at the end of your treatise, which all readers can understand, I should expect to hear, that, unless something has occurred to change your views very materially, you would scarcely think of leaving a patient to endure the pain of a severe operation without giving him at least the choice of such relief as you describe. And yet I am not sure that this is now the general practice with you; it certainly is not with us."

In the Remarks on Etherization, which I published about a year since, it was said, that another year was necessary to give us the means of judging fully and definitively on the merits of the ether-practice. Before that publication was fairly out of the press, a new agent was discovered, which was destined to effect a great change in the use of ether.

The introduction of chloroform produced an excitement scarcely less than that of the discovery of the narcotic effect of ether. The beauty of the article, and the rapidity of its influence, gave it an immediate and general currency; for not only was it employed by physicians, but the community took the narcotizing drug into their own hands, and from the highest to the lowest indulged themselves in the chloroform excitement. This substance, as proposed and promised in the remarks I had occasion to make on the subject of etherization, was taken up by me, and fairly tried in a great number of instances,

and among the first on my own person ; thus giving it a thorough trial in every way. In the cases under our direction it was used with all the precautions possible. The quantity of chloroform was limited, and an inhaling apparatus commonly employed, varying in form according to the ingenuity of the contriver. The apparatus more particularly resorted to, was arranged to accomplish inhalation by the nostrils, a sponge or rag being so placed in the box as to permit the mixture of air with the narcotic vapor.

We were soon awakened from our dreams of the delightful influence of the new agent by the occurrence of unfortunate and painful consequences, which had not followed in this country on the practice of etherization. The profession were led to hesitate, many of them to suspend the use of chloroform, to watch its effects with a jealous eye, and finally, when the lapse of time produced new cases of fatality in pretty regular succession, some were induced to relinquish it entirely, and employ the safer and less violent substances, the sulphuric and chloric ethers.

The loss of a single life from an application made for the purpose of preventing pain, must make a strong impression on the mind of any conscientious physician or surgeon ; and when this occurrence presents itself repeatedly within a short space of time, affording, as it must do, reason to apprehend the same result in cases otherwise the most favourable, it becomes the duty of a professional man, either to relinquish the practice, or to find out some way of rendering it safe. Now, it appears, that no less than nine well-authenticated fatal cases have presented themselves to the public eye within the space of twelve months. When we consider that there are other cases not well ascertained, and probably others which have never become public, we are called on to investigate these fatal occurrences with the greatest care, and to discover, if possible, why these patients died, while others have escaped, and whether there are any means of avoiding similar results in the future practice.

Some writers have thought, that the fatal effects in these cases did not arise from chloroform, but might be explained by other causes. And in some instances, where the fatal result has followed the use of chloroform with scarcely a longer intervention than death from a wound in the heart follows the stroke of the knife, chloroform has by learned and experienced surgeons, been pronounced to be absolutely guiltless of the mortal consequences, and the death has been attributed to fainting, or syncope ; to apprehension, or fear ; to bleeding at the lungs ; to diseased heart and enlarged liver ; to asphyxia ; and finally, the well known fact, which we ourselves have formerly cited, that deaths sometimes take place from a violent constitutional impression, has been quoted as the cause. In regard to this last, if such were the true explanation, the crowding of so many cases of rare occurrence into the compass of a few months must form an epoch in the history of this constitutional sympathy.

In order to present the phenomena of the fatal cases produced by the administration of chloroform, we shall bring them together in such way, that they

may be readily compared. But before doing this, some instances may be mentioned as precursors of the formidable train of results which was to follow.

The cases which first gave me uneasiness as to the effect of chloroform were among others the following :

A lady, Mrs. H——, about forty-five years old, in good health, of rather a delicate temperament, had a tooth extracted under the use of ether in 1847, with favourable effect. In the early part of 1848, having occasion to undergo the same operation again, she applied to the same dentist, a gentleman well practiced in the use of ether. Instead of this article he thought best to employ chloroform, which was given her on a handkerchief, to the amount of about thirty drops. After five or six inspirations she had a partial convulsion, was deadly pale and faint. Being laid on the sofa she recovered in a degree, in ten or fifteen minutes became very sick at the stomach, and continued so all that day. On the day following, the sickness still remained; she had severe headache, loss of appetite, with nervous twitchings of the muscles. At the end of five days she was able to walk, and came to consult me. Her symptoms at this time were an uneasy sensation in the stomach, stricture across the chest, loss of appetite, headache, and great prostration of strength. The last symptom continued to the month of December, when she came into town again for the purpose of consulting me once more.

Not long after the occurrence of this case, we received by the *London Medical Gazette*, for Dec. 1847, an account of an instance of asphyxia and convulsions, under the influence of chloroform in Halesworth, Eng.

The writer, Mr. Beales, represents his patient as a young lady, 27 years old, who had laboured under neuralgia for three years, and from whom he extracted an upper molar tooth on the left side. A drachm was at first used, but finding slight effect, from twenty to thirty drops more were poured upon the sponge, which in two or three seconds produced rigidity of the extremities, slight convulsions of the abdominal muscles, extreme dilatation of the pupils, succeeded by the most alarming state of asphyxia, lasting for at least a minute. When reaction came on, she fell apparently into a calm sleep, during which the attempt was made to extract the tooth. But before the instrument could be removed, the jaws became so firmly fixed, as to hold it for two or three minutes, while the arms, legs, and whole body, underwent the most distorted convulsions. At length the instrument and tooth were removed, the convulsions continuing for five or six minutes longer, though with less violence. She then became half conscious, muttering, "more, more, or I cannot have my tooth out." To this state, which continued half an hour, succeeded a most excruciating pain at the top of the head, lasting twenty minutes, and it was not till the expiration of an hour and a half, that she was enabled to return home.

Within a month from this date, there appeared in the public newspapers, an account of a case of convulsions lasting sixteen hours, at New Bedford, Mass., in an apothecary, who undertook to divert his friends by an exhibition of the effects of chloroform. There also occurred in Baltimore a case of asphyxia from the same cause, continuing an hour and a half, and by which the unfortunate medical student nearly lost his life. In New York about the same time a lady, after having a tooth extracted under chloroform, lay fainting for several hours; the recovery of her mental faculties was attended with

prostration, paralysis of the tongue, and loss of voice. To these many similar instances might be added.

But these occurrences were of trifling importance, compared with others which followed. A number of individuals, in the full vigour of youth and health, were struck dead under the very hands of the surgeon raised for their relief, and in one or two instances the proposed operation was unknowingly performed on a lifeless body.

The causes of death from chloroform have naturally attracted the careful attention of physiologists and physicians. They have been anxious to discover why this article has produced many more dangerous effects than ether, and what organ was attacked with so great violence as to interrupt suddenly its functions, and consecutively the other functions of animal and organic life.

Very careful and minute investigations and discussions, intended to answer these questions, have been undertaken by learned physiologists and pathologists in various countries. My intention is not to follow in the search so ably pursued elsewhere by others, but to endeavour to throw some light on these critical inquiries, by bringing together in a comparative view, the most remarkable phenomena these fatal cases have presented, in order to ascertain, whether they agree in any one or more circumstances, which may offer a clue to the peculiar effects of chloroform, and the means of obviating them. To attain this object it was necessary to place in one view the most remarkable phenomena in each case, and then to compare them by constructing a table.

NAME.—Hannah Greener.

DATE.—January 25th, 1848.

DISEASE.—Onychia.

PREVIOUS USE.—Sulphuric ether two months previous.

TIME OF INHALATION.—About half a minute.

QUANTITY CONSUMED.—About a drachm.

POSTURE.—Sitting.

LAPSE OF TIME TILL DEATH.—Two minutes.

SYMPTOMS.—In half a minute no change of breathing, or alteration of pulse; arm rigid; insensibility; after semilunar incision, a twitch; sudden blanching of lips; spluttering at the mouth; not the slightest attempt at a rally; death.

MORBID APPEARANCES.—*Brain*.—External and internal congestion more than usual; rather more than usual quantity of serum in ventricles.

Heart.—Healthy; dark fluid in both cavities; less in left.

Lungs.—Not collapsed; one or two slight adhesions; external surface of both highly congested, mottled with deep purple, bluish, and scarlet patches; crepitant; small emphysematous bubbles—along outer and interior border of both, more on upper lobe of left; bloody froth in tissue, and in bronchi; epiglottis reddened; also mucous membrane of larynx, and mottled; dark mucus in the sinuses.

Liver, kidneys, and spleen, congested. Digestive organs healthy.

Some veins more distinct than usual. Rigidity as usual.

CAUSE OF DEATH ASSIGNED BY JURY.—Congestion of the lungs produced by chloroform.

NAME.—Arthur Walker.

DATE.—Feb. 5th, 1848.

DISEASE.—None.

PREVIOUS USE.—Frequent.

TIME OF INHALATION.—Unknown.

QUANTITY CONSUMED.—About half an ounce.

POSTURE.—Leaning forward.

LAPSE OF TIME TILL DEATH.—Uncertain.

SYMPTOMS.—Not known.

MORBID APPEARANCES.—*Brain*, veins on the upper surface full, not turgid; pia mater injected; puncta vasculosa larger than usual; velum interpositum and choroid plexus much loaded with dark-coloured blood.

Lungs.—Turgid; loaded with dark-coloured blood, particularly at the upper margin of the lowest lobe of right lung; lower lobe of left and smaller portion of upper lobe of right engorged, of apoplectic character, emphysematous.

Heart.—Old adhesions of pericardium; right side distended with thin and dark fluid blood; walls of right ventricle unusually thin; cavity enlarged.

Blood.—General mass darker than usual.

CAUSE OF DEATH ASSIGNED BY JURY.—Asphyxia consequent on the inhalation of chloroform.

NAME.—Mrs. Martha G. Simmons.

DATE.—Feb. 23d, 1848.

DISEASE.—Extraction of the stumps of teeth.

PREVIOUS USE.—None.

TIME OF INHALATION.—About a minute.

QUANTITY CONSUMED.—?

POSTURE.—Sitting.

LAPSE OF TIME TILL DEATH.—Estimated by two witnesses at about two minutes; by the dentists, from five to ten.

SYMPTOMS.—Face pale, during inhalation; groans during extraction, but no other sign of consciousness. In two minutes from beginning of inhalation, head turned to one side; arm slightly rigid; body drawn backward; pulse feeble, and instantly stopped, so with respiration; face previously pale, now livid; lower jaw dropped; tongue projected at one corner of the mouth; arms perfectly relaxed.

MORBID APPEARANCES.—*Brain*.—Integuments contained but little blood; more than usual in vessels of dura mater; superficial vessels moderately distended; from sinuses of dura mater, two or three ounces of fluid blood, mixed with bubbles of air; aspect, character, and colour, normal.

Heart.—Flaccid, cavities empty, inner surface of all deeply stained; six drachms of bloody serum in pericardium; aorta and pulmonary artery empty; cava empty in chest, containing very little in abdomen; lining membrane of all blood-vessels deeply stained.

Lungs.—Considerable congestion, crepitant, no extravasation; congestion of lining membrane of bronchi; deeply stained; great injection of pleura; six drachms bloody serum in right, two ounces in left.

Liver.—Pale. Kidneys engorged.

Blood.—Everywhere fluid as water; no coagulum in any vessel; examined by the microscope; some alteration in the form of globules, some irregular; generally seem more distended and globular than normal, also somewhat fragmentary; number somewhat diminished; colour dark venous.

NAME.—Patrick Coyle.

DATE.—March, 1848.

DISEASE.—Fistula.

PREVIOUS USE.—Once.

TIME OF INHALATION.—About one minute.

QUANTITY CONSUMED.—About thirty drops.

POSTURE.—Upon the side.

LAPSE OF TIME TILL DEATH.—About one minute.

SYMPTOMS.—Showed signs of pain by putting hand to the part; in a moment his pulse, which was full and natural, sunk; death.

MORBID APPEARANCES.—*Brain*, with membranes natural and healthy.

Heart.—Enlarged, pale, soft; two or three ounces of serum in pericardium; blood-vessels with dark fluid blood.

Lungs.—Studded with tubercles; abscess in each; lower parts congested; pleura extensively adherent.

Stomach.—Mucous membrane softened, its veins turgid.

CAUSE OF DEATH ASSIGNED.—Disease of the lungs.

NAME.—Mdlle. Stock.

DATE.—June, 1848.

DISEASE.—Opening an abscess in the hip.

PREVIOUS USE.—None.

TIME OF INHALATION.—Less than one minute.

QUANTITY CONSUMED.—From fifteen to twenty drops.

POSTURE.—Sitting.

LAPSE OF TIME TILL DEATH.—Very brief.

SYMPTOMS.—After several inspirations tried to withdraw handkerchief, crying, "I choke!" face suddenly pale; countenance changed; breathing embarrassed; foam at the mouth.

MORBID APPEARANCES.—*Brain*: Superior longitudinal sinus empty; veins on convex surface not engorged, but the column of blood broken at intervals with bubbles of gas; also air in veins at base of skull; also escaped with the blood from ophthalmic veins, cavernous sinuses and inferior cerebral veins; serum in lateral ventricles moderate; substance firm.

Heart: Serum in pleura and pericardium; heart excessively flaccid; right and left cavities empty; not the smallest clot; frothy blood in the orifice of ascending cava; a little blood mixed with air from pulmonary veins; internal membrane of heart red, especially of right cavities; tissue pale.

Lungs, especially left, voluminous, visibly engorged in lower lobes; on incision, a very black fluid blood; remarkable crepitation; pulmonary vesicles dilated with air, probably from the artificial respiration; neither interlobular nor subpleural emphysema; tracheal mucous membrane bright red; no froth in bronchi.

Liver very large; air bubbles, with much black and fluid blood, escape on incision; intestines distended with foetid gas; spleen softened, gorged with blood, bubbles of air escape on pressure.

Blood, as black as ink; air bubbles up from a remarkably black and very fluid blood from internal saphena and left crural; blood-vessels near the wound found to be perfectly entire.

CAUSE OF DEATH ASSIGNED.—Syncope, caused by sudden suspension of the cerebral functions under chloroform.

NAME.—Daniel Schlyg.

DATE.—June 25th, 1848.

DISEASE.—Disarticulation of thigh.

PREVIOUS USE.—None.

TIME OF INHALATION.—Four or five minutes.

QUANTITY CONSUMED.—Not stated.

POSTURE.—Recumbent.

LAPSE OF TIME TILL DEATH.—Three quarters of an hour.

SYMPTOMS.—Face very pale, lips discoloured, pupils dilated, eyeballs rolled upwards, respiration infrequent and sighing, pulse no longer perceptible, limbs perfectly relaxed.

MORBID APPEARANCES.—No autopsy was made.

CAUSE OF DEATH ASSIGNED by the surgeon, M. Robert.—Syncope.

NAME.—Walter S. Badger, gentleman.

DATE.—June 30th, 1848.

DISEASE.—Operation on teeth.

PREVIOUS USE.—None.

TIME OF INHALATION.—One minute.

QUANTITY CONSUMED.—A drachm and a half.

POSTURE.—Sitting.

LAPSE OF TIME TILL DEATH.—One minute.

SYMPTOMS.—Face livid, pupils dilated, temperature of the body lower than natural.

MORBID APPEARANCES.—*Brain*, nothing abnormal, slight congestion of corpora striata and optic thalami; membranes congested.

Chest: Lungs and heart pushed up as far as third and fourth ribs; lungs healthy; crepitant throughout; some adhesions; on right little congestion.

Heart, pale, flaccid; not hypertrophied or dilated; some adipose spots on surface; walls of left ventricle thinner than usual; fatty degeneration of tissue, especially at apex; clots of dark grumous blood in both ventricles; inner surface of aorta rough; mitral valves unequal at their edges; tissue hard, grating.

Abdomen: Omentum fatty; stomach not distended; liver very large, reaching up to third and fourth ribs; pale, brownish, dirty white; weight, eight pounds.

CAUSE OF DEATH ASSIGNED BY JURY.—Obstruction to the heart's action from an enlarged liver, and the influence of chloroform thereupon.

NAME.—A young woman of Hyderabad.

DATE.—July 11th, 1848.

DISEASE.—Amputation of middle joint of middle finger of left hand.

PREVIOUS USE.—None.

TIME OF INHALATION.—Very brief.

QUANTITY CONSUMED.—A drachm.

POSTURE.—Sitting.

LAPSE OF TIME TILL DEATH.—Instantaneous.

SYMPTOMS.—Slight cough, with a few brief convulsive movements.

MORBID APPEARANCES.—No autopsy was made.

NAME.—John Griffith.

DATE.—January 19th, 1849.

DISEASE.—Chancres and hemorrhoids.

PREVIOUS USE.—Chloroform on December 26th, 1848.

TIME OF INHALATION.—None given.

QUANTITY CONSUMED.—About three drachms.

POSTURE.—Lying on one side.

LAPSE OF TIME TILL DEATH.—About ten minutes.

SYMPTOMS.—Face and neck of a livid, leaden hue; the eyes turned upwards; the pulse imperceptible at the wrist; respiration laborious; the whole body relaxed; after two or three gasps he ceased to breathe.

MORBID APPEARANCES.—*Brain*, healthy; no other appearances than in persons dying when in full health.

Heart, large; its ventricles and auricles empty; its condition flabby; the substance of the left ventricle rather softer than natural.

Lungs, a good deal congested, and discharged, when cut, a large quantity of bloody serum.

About half an ounce of a watery fluid was found in the pericardium.

In a Review in the *London Medical Gazette*, for Sept. 1848, page 424, a quotation is made from "Remarks on the employment of Anæsthetic Agents in Midwifery," by G. T. Grean, in which he says:—"For they should know that fatal consequences have ensued from the use of chloroform during parturition."

We have thought it right to mention this statement; but as there is uncertainty about it, it should not be considered in the present state of our information as a well authenticated statement of death from chloroform. It seems a little remarkable, that in these cases, and also in some others mentioned above, in which it could scarcely be doubted that chloroform was the cause of death, that no examination of the dead body was made, or at least none reported.

M. Malgaigne, in the Proceedings of the French Academy of Medicine for Oct. 31st, 1848 (*Vide Gaz. Méd. de Paris*, Nov. 18), reports a case as follows:

"A man wounded in June, had the neck of the humerus broken by a ball; which was lost in the flesh. Two abscesses formed, and were opened without discovery of the ball. Finally gangrene appeared in the wound, and the patient was sinking under secondary hemorrhage. Having at length decided to attempt the scapulo-humeral disarticulation, with scarcely any hope of saving him, but rather to prevent him from dying of hemorrhage, the patient was put to sleep by chloroform. He aroused after the operation, but the search for the ball, which had been split in two against the scapula and buried in the walls of the thorax, requiring another incision, chloroform was again applied to the nostrils, and the incision commenced upon the living, was finished upon the dead body. His condition was so desperate that I could not, for an instant, attribute his death to chloroform; and there is no surgeon who in similar circumstances, has not had the grief to see patients die under his hands."

The following case is one of so recent occurrence, that I am induced to give it at length.

"John Griffith, an Irishman, aged 31 years, a seaman in the Navy, who was admitted into the N. Y. Hospital early in December, on his return from

Mexico, suffering with diarrhœa, chancres and hemorrhoids, died from the administration of chloroform on Saturday, while undergoing an operation. A coroner's jury so declared, adding that the use of it was proper and justifiable in the case. The affidavit of Dr. Buck tells the whole story :

"Gurdon Buck, Jr., Attending Surgeon to the New York Hospital, being sworn, says, 'that on or about the 26th December I advised that chloroform should be administered to the deceased, for the purpose of examining the condition of the rectum, the parts being in a state of such excessive irritability, as scarcely to admit of a separation of the nates. The patient recovered from the effects of the chloroform, and remained in all respects in the same condition as before its use. On the 19th of January, the deceased being in a sound condition, except the local ailments spoken of, and he having never complained of either his head or his chest; and not having suffered from the first administration of chloroform, I directed it to be administered to him for the purpose of performing an operation upon the rectum, and the operation of circumcision to remove a phymosis, caused by the chancres; the patient soon became excited by the chloroform, as is usually the case; but not beyond a degree which I have often observed. Shortly after he became more tranquil, the deceased was placed upon his side, and the operation performed, which consisted in the removal of two external tumours, and the tying of one internal tumour.

"At this moment my attention was arrested by my assistant calling for a wet cloth. On examining the patient, I found his face and neck of a livid leaden hue, or colour, the eyes turned upwards, the pulse imperceptible at the wrist, and the whole body relaxed; after two or three gasps, he ceased to breathe. Every means was promptly used to restore the deceased, but without effect. The chloroform was obtained at Kent's, 91 John Street, and not exceeding three drachms was administered from a napkin; a portion of chloroform from the same phial had been administered the day before, to a patient without any unfavourable effects. About ten minutes elapsed from the commencement of its administration before death took place. On making a post-mortem examination, twenty-four hours after death, I found the face less livid than before death; on examining the head, the brain and its membranes presented no other appearances than are seen in persons dying when in full health. The lungs were a good deal congested, and discharged, when cut, a large quantity of bloody serum; the heart was large, its ventricles and auricles were empty, its condition flabby; the substance of the left ventricle rather softer than natural. About half an ounce of watery fluid was found in the pericardium. The viscera of the abdomen were healthy.

"GURDON BUCK M.D.,

"Surgeon to New York Hospital."

Drs. Kearney Rodgers, Buel and Bathgate testified to the proper use of the chloroform. Dr. R. has seen it used a hundred times without any bad effects.

Dr. Parker, Professor of Surgery in New York, to whom I had written on the subject, gave me a statement confirmatory of the deposition of Dr. Buck.

The following table exhibits the most remarkable phenomena, in the nine fatal cases noticed above, and will be useful in enabling us to compare them.

Name.	Date.	Disease.	Prev. Use.	Time of Inhalation.	Quantity consumed.	Posture.	Lapse till death.
Hannah Greener.	Jan. 25, 1848.	Onychia.	Sulphuric ether two months previous.	About half a minute.	About a drachm.	Sitting.	Two minutes.
Arthur Walker.	Feb. 5, 1848.	None.	Frequent.	Unknown.	About $\frac{3}{4}$ ss.	Leaning forward.	Uncertain.
Mrs. Martha G. Simmons.	Feb. 23, 1848.	Extraction of the stumps of teeth.	None.	About a minute.	?	Sitting.	By two witnesses estimated at two minutes; by the dentists at from five to ten.
Patrick Coyle.	March 1848.	Fistula.	Once.	About one minute.	About thirty drops.	Upon the side.	About one minute.
Daniel Schlyg.	June 25, 1848.	Disarticulation of the thigh.	None.	Four or five minutes.	Not stated.	Recumbent.	Three quarters of an hour.

Symptoms.	Morbid Appearances.	Cause of death assigned.
In half a minute no change of breathing or alteration of pulse; arm rigid; insensibility; after semilunar incision a twitch; sudden blanching of lips; spluttering at the mouth; not the slightest attempt at a rally; death.	<i>Brain</i> —external and internal congestion more than usual; rather more than the usual quantity of serum in ventricles. <i>Heart</i> —healthy, dark fluid in both cavities, less in left. <i>Lungs</i> —not collapsed; one or two slight adhesions; external surface of both highly congested; mottled with deep purple, bluish and scarlet patches, crepitant; small emphysematous bubbles along outer and interior border of both, more on upper lobe of left; bloody froth in tissue and in bronchi; epiglottis reddened; also mucous membrane of larynx, and mottled; dark mucus in sinuses; liver, kidneys, and spleen congested; digestive organs healthy; some veins more distinct than usual; rigidity as usual.	Congestion of the lungs produced by chloroform.
Unknown.	<i>Brain</i> —veins on the upper surface full, not turbid; pia mater injected; puncta vasculosa larger than usual; velum interpositum and choroid plexus much loaded with dark-coloured blood. <i>Lungs</i> —turgid; loaded with dark-coloured blood, particularly at the upper margin of lowest lobe of right lung; lower lobe of left, and smaller portion of upper lobe of right engorged, of apoplectic character; emphysematous. <i>Heart</i> —old adhesions of pericardium; right side distended with thin and dark fluid blood; walls of right ventricle unusually thin; cavity enlarged. <i>Blood</i> —general mass darker than usual.	Asphyxia consequent on the inhalation of chloroform.
Face pale during inhalation, groans during extraction, moderately distended; from sinuses of dura mater, two but no other sign or three ounces of fluid blood mixed with bubbles of air; of consciousness, aspect, character, and colour normal. In two minutes from beginning of deeply stained; six drachms of bloody serum in perihilation head cardium; aorta and pulmonary artery empty; cava empty turned to one in chest, containing very little in abdomen; lining membrane of all blood-vessels deeply stained. rigid; body drawn backward; pulse feeble and instantly stopped; so with respiration; face previously pale, now livid; lower jaw dropped; tongue projected at one corner of the mouth; arms perfectly relaxed.	<i>Brain</i> —integuments contained but little blood; more than usual in vessels of dura mater; superficial vessels moderately distended; from sinuses of dura mater, two but no other sign or three ounces of fluid blood mixed with bubbles of air; of consciousness, aspect, character, and colour normal. <i>Heart</i> —flaccid, cavities empty, inner surface of all from beginning of deeply stained; six drachms of bloody serum in perihilation head cardium; aorta and pulmonary artery empty; cava empty turned to one in chest, containing very little in abdomen; lining membrane of all blood-vessels deeply stained. <i>Lungs</i> —considerable congestion; crepitant, no extravasation; congestion of lining membrane of bronchi; deeply stained; great injection of pleura; six drachms of bloody serum in right, two ounces in left. <i>Liver</i> —pale. <i>Kidneys</i> —engorged. <i>Blood</i> —everywhere fluid as water; no coagulum in any vessel; examined by the microscope, some alteration in the form of the globules; some irregular, generally seem more distended and globular than normal, also somewhat fragmentary; number diminished; colour dark venous.	
Signs of pain by putting hand to the part; in a moment his pulse, which was full and natural, sunk; death.	<i>Brain</i> —with membranes natural and healthy. <i>Heart</i> —enlarged, pale, soft; two or three ounces of serum in pericardium; blood-vessels with dark fluid blood. <i>Lungs</i> —studded with tubercles; abscess in each; lower parts congested; pleura extensively adherent. <i>Stomach</i> —mucous membrane softened, its veins turgid.	Disease of the lungs.
Face very pale, lips discoloured, pupils dilated, eyeballs rolled upwards, respiration unfrequent and sighing, pulse no longer perceptible, limbs perfectly relaxed.	No autopsy was made.	Syncope.

Name.	Date.	Disease.	Prev. Use.	Time of Inhalation.	Quantity consumed.	Posture.	Lapse till death.
Mlle Stock.	June 1848.	Opening an abscess in hip.	None.	Less than one minute.	From 15 to 20 drops.	Sitting.	Very brief.
Walter S. Badger.	June 30, 1848.	Operation on teeth.	None.	One minute.	A drachm and a half.	Sitting.	One minute.
A young woman of Hyderabad.	July 11, 1848.	Amputation of middle joint of middle finger of left hand.	None.	Very brief	A drachm.	Sitting.	Instantaneous.
John Griffiths.	Jan. 19, 1849.	Chancres and hemorrhoids.	Chloroform on Dec. 26th.	Not given.	About three drachms.	Lying on one side.	About ten minutes.

Symptoms.	Morbid Appearances.	Cause of death assigned.
After several inspirations tried to withdraw handkerchief, crying, 'I choke;' face suddenly pale; countenance changed; breathing embarrassed; foam at the mouth.	<p><i>Brain</i>—superior longitudinal sinus empty; veins on convex surface not engorged, but the column of blood broken at intervals with bubbles of gas; also air in veins at base of skull, also escaped with blood from ophthalmic veins; serum in lateral ventricles moderate; substance firm.</p> <p><i>Heart</i>—serum in pleura and pericardium; heart excessively flaccid; right and left cavities empty; not the smallest clot; frothy blood in the orifice of ascending cava; a little blood mixed with air from pulmonary veins; internal membrane of heart red, especially of right cavities; tissue pale.</p> <p><i>Lungs</i>—especially left, voluminous, visibly engorged in lower lobes; on incision a very black fluid blood; remarkable crepitation; pulmonary vesicles dilated with air, probably from the artificial respiration; neither interlobular nor subpleural emphysema; tracheal mucous membrane bright red; no froth in bronchi.</p> <p><i>Liver</i>—very large; air-bubbles, with much black and fluid blood, escape on incision.</p> <p><i>Intestines</i>—distended with fœtid gas; spleen soft, and gorged with blood, bubbles of air escape on pressure.</p> <p><i>Blood</i>—as black as ink; air bubbles up from a remarkably black and very fluid blood from internal saphena and left crural; blood-vessels near the wound found to be perfectly entire.</p>	<p>Syncope caused by sudden suspension of the cerebral functions under chloroform.</p>
Face livid, pupils dilated, temperature of the body lower than usual.	<p><i>Brain</i>—nothing abnormal, slight congestion of corpora striata and optic thalami; membranes congested.</p> <p><i>Chest</i>—lungs and heart pushed up as far as third and fourth ribs; lungs healthy, crepitant throughout; some adhesions; on right, little congestion.</p> <p><i>Heart</i>—pale, flaccid, not hypertrophied or dilated; some adipose spots on surface; walls of left ventricle thinner than usual; fatty degeneration of tissue, especially at apex; clots of dark grumous blood in both ventricles; inner surface of aorta rough; mitral valves unequal at their edges; tissue hard, grating.</p> <p><i>Abdomen</i>—omentum fatty; stomach not distended; liver very large, reaching up to third and fourth ribs; pale, brownish, dirty white; weight eight pounds.</p>	<p>Obstruction to the heart's action from an enlarged liver, and the influence of chloroform thereupon.</p>
Slight cough with a few brief convulsive movements.	No autopsy.	
Face and neck of a livid leaden hue; the eyes turned upwards; the pulse imperceptible at the wrist; respiration laborious; the whole body relaxed; after two or three gasps he ceased to breathe.	<p><i>Brain</i>—healthy, no other appearances than in persons dying when in full health.</p> <p><i>Heart</i>—large, its ventricles and auricles empty; its condition flabby, the substance of the left ventricle rather softer than natural.</p> <p><i>Lungs</i>—a good deal congested, and discharged when cut; a large quantity of bloody serum. About half an ounce of a watery fluid was found in the pericardium.</p>	

By the above table we learn the
TIME OF INHALATION to have been—

- About a minute in 3;
- Less than a minute 3;
- Four or five minutes 1;
- Uncertain 2.

QUANTITY.

- Half a drachm and under 2;
- A drachm, but less than two, 3;
- Between two and three 1;
- Uncertain 3.

POSTURE.

- Sitting 5;
- Leaning forwards 1;
- Recumbent 3.

LAPSE TILL DEATH.

- Within one minute 4;
- Within two minutes 2;
- In ten minutes 1;
- In three-fourths of an hour 1;
- Uncertain 1.

MORBID APPEARANCES.

- Not given 2.

BRAIN.—Congestion moderate 4;

“ none 3.

HEART.—Healthy 1;

- Enlarged and soft 2;
- Disordered 1;
- Excessively flaccid 1;
- Flaccid 1;
- Flaccid, compressed by liver, 1.

LUNGS.—Congestion great 3;

“ considerable 3;

“ little 1.

BLOOD.—Dark and fluid 2;

- Darker than usual 1;
- Dark, venous, fluid as water 1;
- Black as ink 1;
- Not stated 2.

AIR IN THE VEINS mentioned in 2.

In considering what organ might be principally affected by the deleterious agent in producing the fatal symptoms, my first impression was that the lungs were primarily disordered, and that death arose from non-oxygenation of the blood. The suspended or struggling respiration, purple color of the skin, irregularity of the pulse, muscular spasms, &c., led to this opinion. If it were the fact, we should find great engorgement of the lungs, of the right side of the heart, and probably also of the brain. Now, as to the lungs, we

find them engorged more or less in every case, but excessively engorged only in three. And, on the whole, they do not present the degree of engorgement which accompanies asphyxia. The same may be said of the heart. As to the brain, the accumulation in its vascular system has been found to be very moderate. There does not then appear to be any morbid change uniformly exhibited in either of these organs, which authorizes us to consider the disturbance of such organ to be the immediate cause of death.

The facts which we have collected and compared, while they do not support the doctrine, that death occurs from a visible alteration in any of these great organs, seem to leave us only the nervous system, independent of vascular action or congestion, as the seat of the sudden change produced by the rapid passage of the narcotic principle to the great nervous centres. This is indeed to be considered a mere hypothesis at present; but as the object of these remarks is altogether of a practical nature, I shall not undertake to examine the subject physiologically, in order to prove the truth of this hypothesis.

In a large part of the fatal cases, one fact at least is conspicuous, and that is the suddenness with which the fatal phenomena occurred. In four cases death took place within a minute, in two in two minutes, and in my patient, Mrs. H., five inspirations, requiring a few seconds only, produced symptoms which lasted a long time. When we compare these sudden effects of chloroform with those from its long continued use in many cases of prolonged operations, it seems quite clear that the fatal issue is not a consequence of the quantity inhaled, nor yet of the time, but rather of the instantaneous violence of the impression.

An important objection to chloroform is the facility with which it may be abused. The highly concentrated state of the toxic principle, the convenience with which the substance may be transported, the absence of the penetrating and diffusible property of sulphuric ether, favour its use in an undiscoverable manner. Hence it has happened, that many persons of both sexes, and of all ages, have resorted to it for the purpose of obtaining the pleasure of a temporary delirium. The number of individuals whom I have known to use it in this way is so considerable, as to lead me to believe that those who employ it in secrecy must be very great. Persons, therefore, who recommend chloroform for the purpose of preventing pain, or procuring a transient pleasure, must take into view the probability, that the patient will resort to it afterwards without medical advice, that the habit of taking it may be thus formed, and origin given to the most pernicious consequences.

While these proof sheets were correcting, the following fatal case of chloroform occurred in Boston, which fully confirms the apprehensions expressed above.

This case occurred on March 6th or 7th. The following were the circumstances. A young woman, 17 years old, finely constituted, living as a domestic in a highly respectable family, being troubled with toothache and occasionally with pain in the side, having applied for medical advice was

recommended to use chloroform. She got into the habit of employing it, from time to time, for very slight causes. On the evening of the 6th of March she went out, and having had toothache used chloroform. After her return home she ate a good supper and soon went to bed. Half an hour after, a young woman, who lodged in the same chamber with her, went to her room, and on entering, spoke to her; but receiving no answer presumed she was asleep, said no more and went to bed herself. The next morning when she arose, finding that the other was not stirring, she did not attempt to rouse her, but dressed and went about her business. The patient not appearing, her room was visited and she was discovered in bed lifeless and cold. She lay on her left side with the knees drawn up, and all the limbs in a rigid state. Dr. Jeffries was immediately sent for and very soon arrived. On viewing the appearance of the patient he perceived the left hand clenched over the mouth and the right arm crossing the left. On examining the left hand a handkerchief was discovered crowded in its hollow, which being removed the fetid odour of stale chloroform was perceived. Suspicion being excited, search was made around the room and drawers for a bottle containing the suspected liquid, but none was discovered. Afterwards, when the body was moved, a bottle of chloroform fell out of the bed. It was a two ounce phial and about a quarter part of it had disappeared.

Dr. Jeffries proposed an examination of the body, and this being consented to, he called on Dr. J. B. S. Jackson, who performed it.

External Appearance.—The body was livid over the whole of the left side; on which she had lain. The face and neck were swelled so that the string of the night cap produced a distinct indentation. The pupils of the eyes were slightly dilated. The thyroid gland was much enlarged.

Thorax.—The lungs were collapsed. Both lungs were congested; but the congestion in the right was bright colored, while that in the left was purple. As the lungs were much collapsed the congestion could not be excessive. The heart was flaccid and empty of blood. Nothing was found in its cavities but a very small coagulum.

Head.—The brain was entirely free from congestion. There was a little water in the ventricles, but no other remarkable appearance.

Abdomen.—The stomach contained a considerable quantity of food in a semi-digested state, and the lacteals were full of chyle. There was no morbid change in the mucous coat; no appearance of poisonous substance. The intestines were in a decomposing condition, quite remarkable, considering she had been alive and on her feet the evening before. The liver was not altered. The spleen was congested and tuberculous. The left kidney was congested. The uterus exhibited a catamenial appearance.

Remarks.—The above statement was obtained from Dr. Jeffries by the writer. Dr. J. said that a minute account of the morbid appearances would soon be made public by Dr. Jackson and the phenomena reported in the fullest manner. If there is any imperfection in the history, the pressure of circumstances will, it is hoped, excuse it.

To what has been stated above it may be added, that there was reason to believe the chloroform was purchased on the evening it was taken; that it had been used during that evening, at least once before the fatal application, and that the half ounce, which had disappeared, must therefore be divided between the two applications; that there is no reason to believe that any other article

of a poisonous nature was employed. That there can be no reasonable doubt of the patient having died the evening before and died instantaneously. That she did not die from suffocation, but of the effects of chloroform. The want of time prevents any additional remarks.

An English gentleman, Mr. Carruthers, was in the habit of using chloroform for relief from the asthma. He was an expert angler, and sometimes sat till a late hour arranging his hooks, and making artificial flies. In this position he was found one morning by his servant, apparently pursuing the occupation of the evening previous; but he was soon ascertained to be dead, while upon the table lay the handkerchief and chloroform. We have not heard of a post-mortem examination in this case.

A physician in New York, who had attained some distinction, and who suffered from mental trouble, resorted to the use of chloroform so frequently, as ultimately to produce delirium, during which he committed some extraordinary acts, and finally destroyed himself.

It is true that an objection may be raised against ether on the same grounds. This had been replied to in the remarks on etherization by the fact, that the volatility of ether is so great as to reveal its use. The quantity required is also such as to make it much more difficult to conceal the employment.

A practical conclusion, then, from these cases, which seems to me unquestionable, is, that chloroform containing the narcotic principle in a highly concentrated state, like many other powerful agents in materia medica, although it may be employed in this state in some instances, yet in common practice should be used, if at all, in a diluted form.

If this fact is admitted, we are naturally led to ask, whether we shall use it thus diluted, return to sulphuric ether, or whether there are any other narcotic, or, as they have been called, anæsthetic agents, which may advantageously be substituted.

Various such substitutes have been proposed, among them are the nitrous oxide gas, as employed by Dr. Wells, other species of ether, and different articles experimented on by a number of physiologists. None of these seem well calculated to be substitutes for chloroform and sulphuric ether.

On hearing of the first fatal cases of chloroform, the thought occurred to me of giving a more thorough trial to the chloric ether of commerce. This, as is well known, is the product of the distillation of alcohol and chloride of lime. I had tried it formerly, as stated in my first publication, and now tried it a second time with great care, but without any narcotic effects.

After the preceding experiment, I tried the first portion of the product of the distillation without purification, and without mixture with the residuum, or any additional preparation. The first person to whom this was administered was a patient of Dr. J. Mason Warren, suspected to have a stone in the bladder, who had been so very irritable, that it was impossible to sound him satisfactorily. He inhaled freely from a sponge, in about four minutes went to

sleep; the sound was at once introduced without any trouble, and a stone detected. Under the influence of the same preparation the lithotritic operation was performed, and after two or three applications the stone was removed. In four or five other cases of stone, one of them an oxalate of lime case, in which the calculus was very refractory, the patients were conducted safely and successfully through the lithotritic treatment, under the influence of chloric ether by the same operator.

Among the subsequent cases in which this ether has been employed, I will only mention a single class, with a couple of interesting illustrations. The admirable effect of sulphuric ether in enabling us to break down the adhesions in joints stiffened by inflammation from fracture, and other causes, has been stated in the Remarks on Etherization. Chloric ether has been used a great number of times for the same purpose, and with results equally favourable. About the beginning of February, 1849, a young lady who had fallen on the ice three weeks before, and broken the olecranon process of the ulna, was brought to me by her parents, with a stiff elbow. Various efforts were made to move the fore on the upper arm, but the patient expressed so much pain, it seemed necessary to desist. As she had not been allowed to move the arm at all, I recommended her to go home, and bend the arm, or have it bent every day, and thus to increase the motion as much as possible, and if she found that nothing was gained to come to me again in five days. At the end of the time indicated she was brought, and I found that nothing had been accomplished in moving the joint. She was then etherized by Dr. Mason Warren to the point of physical insensibility, and I attempted to restore the natural motions of the arm by force. It was, however, impossible for me to accomplish this. She was therefore etherized with the chloric ether two minutes longer, fell asleep, and then renewing my efforts, the adhesions and muscular contractions gave way with an audible crack. Two other etherizations were required to accomplish the restoration of the perfect movements of the limb.

A patient of mine, who had apparently undergone inflammation of the spinal marrow with phenomena very curious, but which cannot properly be mentioned here, on recovering was found to have a false ankylosis in the right hip, a true ankylosis with dislocation in the left. Under the use of chloric ether the ankylosis in the right hip was broken with a very loud crack. The left could not be at all moved. It was therefore resolved, in order to give him a fair trial, to employ pullies for breaking down the ankylosis, and reducing the dislocation. He was bled nearly a pint, then, having used chloric ether many times before with excellent effect, it was employed; but the state of susceptibility was so altered, that both sulphuric ether and diluted chloroform were tried, the administration requiring nearly three quarters of an hour before he was narcotized. The pullies were applied for fifteen minutes, during which one of the cords was snapped and replaced. Efforts to move the limb were then made, but without accomplishing any motion of the os femoris on the os innominatum. The patient was then roused from his state of etherization, and recovered almost imme-

diately. On the day following he experienced some pain in the right hip, which I had moved during etherization, but the force applied to the left had not produced any pain or soreness. This happy immunity is to be attributed, I think, to the precursory bleeding.

The first of these trials of chloric ether was in March, 1848; between that time and the month of May, (when I mentioned the subject to the American Medical Association,) the strong chloric ether was used in fifty cases with perfect success, so far as regarded the narcotic influence, and without any unpleasant occurrence at the time, or afterwards. The experience of that term has been confirmed by the observations of ten additional months, so that I now employ it almost exclusively.

It may be objected to the strong chloric ether, *first*, that it irritates the skin, as chloroform does; *second*, that it causes nausea; *third*, that it is in fact chloroform diluted with alcohol; *fourth*, that when chloric ether is administered by a wet sponge, the alcohol combines with the water in the sponge, and leaves chloroform to be inhaled.

In answer to the first objection we should say, that it is not necessary to use this ether in such way as to irritate the skin, also that the skin is easily protected by a cloth, and by various contrivances, particularly by rubbing the face with an unctuous substance previously; *second*, that the subsequent sickness, so far from being an objection, is an advantage; for, in patients who have experienced it, the lungs are relieved from congestion, and, therefore, recover from narcotism more rapidly; *third*, the fact that it is chloroform diluted with alcohol does not form any objection to its use, since the chloroform is sufficiently diluted to render its inhalation safe; *fourth*, the supposed decomposition of the strong chloric ether, in consequence of the combination of its alcohol with the water in the moist sponge may be obviated by those who believe in such a combination, by administering the chloric ether on a handkerchief, towel, or other cloth not moistened. It is, however, probable that any portion of alcohol which combines with the water of the moist sponge being reduced to the state of rum, the exhalations would enter the lungs with the chloroform, and help to dilute its narcotic property.

It may be asked, whether chloric ether has any advantage over sulphuric. In my opinion it has. It irritates the lungs less, its inhalation is more agreeable, and it never has produced headache in the operator and bystanders, as is the case in regard to many individuals from sulphuric ether. As to the narcotic power of the two articles, there seems to be but little difference.

The distinguished Mr. Lawrence is said to have used chloric ether in the summer of 1847, but whether that of commerce, or the concentrated, I am ignorant. The idea of using this agent was suggested to me by seeing the process of preparing the chloric ether of commerce, and the chloroform by Mr. W. B. Little. Alcohol and chloride of lime being distilled together, the product of the distillation is the chloric ether of commerce; but a small quantity

of the first product of distillation is much stronger than the aggregate. Taking therefore, this first product, I made trial of it as before mentioned, and found it produced a satisfactory narcotic effect. Mr. Little has since improved the process, and prepares his chloric ether in the following manner, as he has kindly informed me by letter.

“Take the first run (that is, what passes first in distillation) when distilling chloroform, and redistil from water containing an excess of lime, which gives a perfectly pure chloric ether, free from chlorine, or any other impurity.

“We furnished Dr. Warren with different samples, until he was satisfied with the strength, and since then have uniformly made it of the same quality.

“Our ‘concentrated chloric ether’ contains thirty-three and one-third per cent. pure chloroform, the remainder being nearly absolute alcohol, (containing but about four or five per cent. of water.)”

After this article had been employed in a considerable number of cases, the subject was brought forward (not by me), as already stated, at the meeting of the American Medical Association at Baltimore, in 1848. Having used it myself I felt bound to give to the Association some account of its introduction, and of my reasons for using it. The President of the Association, Dr. A. H. Stevens, called on me to furnish a copy of the remarks I made, for publication in their proceedings. This I did not wish to do at that time, partly because a longer experience seemed necessary, and partly because the dangers of chloroform were not so fully established, as to exclude the suspicion that they might have arisen from a careless use of the article.

Since that time, (May 1848,) the fatal cases have more than doubled. The apprehensions grounded on these occurrences have led me to use, in preference to chloroform, the ethers, either sulphuric or chloric, and five times out of six the chloric, employing the former only for the purpose of comparison with the latter.

I have never seen, or heard, of any accident from the use of chloric ether, which gave me reason for discontinuing it; and I think I can confidently recommend it to the profession as more safe than chloroform, and more agreeable than sulphuric ether. Should any one, preferring chloroform to the ethers, feel disposed to employ this article in a diluted state, he might very properly add a certain portion of alcohol. I have used two parts of the purest alcohol with one part of chloroform; but have not sufficient experience of its effects to enable me to say that these are the best proportioned.

There are cases in which chloroform will have an advantage. We find, occasionally, instances of a want of susceptibility to the narcotic action. In such, after trying in vain the use of ether, the more powerful impressions of chloroform have been resorted to with good effect. I cannot say, however, that this has occurred in my practice more than two or three times out of a great number of cases.

To the questions contained in the letter at the beginning of this article, and to those which have been addressed to me from other quarters, I now reply in a few words, by stating, 1st, that my confidence in the beneficial effects of

ether, in surgical operations, is undiminished (but, if I were compelled to substitute chloroform, I should do so with much anxiety); 2d. Etherization is not, I think, employed so extensively as it was during the period of enthusiasm following the first inhalations of ether. The occurrence of fatal cases of chloroform has done much to cause a diminution of the use of ether; and the latter article has not been free from the charge of pernicious consequences. No fatal case from its use has transpired, however, in this country, or in Great Britain, so far as we know. One well authenticated instance only has occurred in France. The details of this case I am not able to give, further than to say, that the patient was a male, resident in Auxerre, about forty years of age, who underwent an operation for cancer of the breast, and died in ten minutes. It really seems wonderful that a greater number should not have followed the immense and ill-directed use of this powerful article.* 3d. Chloroform, or ether, is used in this part of the country in all capital operations; and, I believe, pretty generally in such operations in other parts. In parturition, also, the former is extensively employed here; but a considerable number of practitioners use it rarely, and only in cases of extreme suffering. The relief from pain is uniformly said to be great; but whether the patient does as well, on the whole, after this narcotism, is a doubtful point with me, confiding, as I do, in the power of nature to render this process generally perfect without the aid of art. In surgical operations there is every possible evidence that the chance of success is not diminished by etherization.

Means of remedying the bad effects incident to the chloroform and ether practice.—*First*, to use chloric or sulphuric ether, for the purpose of producing narcotism in surgical operations, in preference to any other agent; *second*, not to use narcotism for trifling operations; *third*, where the operation is not very severe and prolonged, to produce only that degree of narcotic influence which destroys the susceptibility to pain, without abolishing the intellectual function; *fourth*, to be careful that the patient does not get an exclusive inhalation of the narcotic vapour, but obtains with it a sufficient quantity of atmospheric air to carry on the oxygenation of the blood; and when he is severely affected by the first impulse of this vapour, not to press it too harshly upon him; *fifth*, when a powerful application is required, as in cases of the

* Dr. Snow, of London, one of the best writers on ether and chloroform, and a strong advocate for the latter, gives the following opinion on the supposed bad cases of ether, in the *Lond. Med. Gazette* for Nov. 1848, page 841, note.—“I am aware that ether was thought by some to have caused death in two or three instances in which the patient did not recover from the operation, but died two or three days afterwards; and, in one of these instances, a coroner’s jury returned a verdict to that effect; but, I believe the only instance on record in which the inhalation of ether was fatal, was one that occurred in France (see *Gaz. Médicale*, 4 Mars, and *Med. Gaz.* p. 432, last vol.); and, in that case, the inhalation was continued without intermission for ten minutes, although alarming symptoms were present nearly all the time; and it is probable that the result was owing as much to some defect in the inhaler, which limited the supply of air, as to the effect of ether.”

reduction of hip dislocation, the patient should always be bled before etherization; it is very desirable that a powerful narcotism should never be produced without previous abstraction of blood, except in cases of great debility; *sixth*, the respiration and pulse should be carefully watched during the whole operation by one in whom the operator can confide; *seventh*, when the pulse intermits, and respiration is suspended, inhalation should not be continued; *eighth*, the position of the body does not appear to exert a particularly unfavourable influence; of the fatal cases, five occurred in the sitting posture, three in the horizontal, and one in a state of flexion forwards on a table; *ninth*, whenever etherization is to be accomplished, there should be a sufficient number of assistants present to guard the patient if he should become violent; *tenth*, the exact quantity of ether inhaled has not appeared to me important. I have used it freely in a sponge or cloth, with the precaution above mentioned, of not applying it so closely as wholly to exclude atmospheric air; the fatal effects of chloroform, in almost every instance, have been produced by very small quantities; *eleventh*, to protect the face a small towel is folded in a funnel-like shape, in the apex of which is placed a sponge, double the size of an egg, charged with an ounce of chloric ether, or the liquid may be poured directly on the interior of the cloth; *twelfth*, chloroform, or ether, should not be administered in cases of epilepsy, of active organic disease of the heart, of acute affection of the lungs, or in a hemorrhagic tendency of these organs.

On the means of restoring the vital actions when suspended by chloroform or ether.—*First*, when the pulse and respiration are suspended, the face should be dashed with cold water from a sponge; *second*, a free passage of air be permitted to the patient's nostrils and mouth; *third*, inflation through one of the nostrils by an inflating tube, or, if this is not at hand, by the bellows, the opposite nostril and the mouth being closed, and the larynx pressed backwards, to prevent the air from going into the stomach; *fourth*, forced movements of the chest in imitation of respiration; *fifth*, friction of the chest, abdomen, and extremities; *sixth*, heat applied to the same parts; *seventh*, the nostrils to be stimulated with the vapour of aqua ammoniæ; *eighth*, the fauces irritated with a brush, or quill-feather, dipped in aqua ammoniæ; *ninth*, the introduction of stimulating liquids into the stomach by a gum elastic tube; *tenth*, the use of galvanism, if an apparatus can be immediately obtained; *eleventh*, inflation with oxygen gas of the nostrils and lungs; *twelfth*, inflation of the lungs through an aperture between the thyroid and cricoid cartilages; *thirteenth*, a limited application of caustic ammonia to the region of the heart; *fourteenth*, convulsions to be treated by bleeding, vapour of ammonia, cold to the head; for the sudden production of the latter, evaporation of sulphuric ether answers well.

Conclusion.—I hope it will not be thought presumptuous in me to propose the substitution of the ethers for an article which, although so deleterious to some individuals, has been, and is still extensively used with safety on others. My apology must be found in the reflection, that, for more than a year before

the introduction of chloroform, the ether-practice was carried on without any fatal result; that several fatal cases from chloroform occurred in a much shorter space of time than that above mentioned; and that a number of practitioners will feel absolutely compelled to abandon the employment of these anæsthetic agents, if chloroform be looked to as the principal; moreover, the suggestion of a judicious friend will have its weight in forming this apology. "Nor would it," he writes, "alter my opinion of the wisdom of strongly urging the objections at this time, should longer experience show, that the disasters in the use of chloroform, during the year past, arose from peculiar coincidences, and that it is, in reality, as safe as the sulphuric ether. In so grave a matter we should be willing to be proved over-cautious rather than the contrary."

Boston, March 1849.

ART. VIII.—*Cases of Retroversion of the Uterus, with a Description of a New Instrument for its Restoration, and some observations on the displacement of the organ.* By H. BOND, M.D. (Read before the Philadelphia College of Physicians.) With two wood-cuts.

It has not been my purpose to offer a dissertation to the College this evening, but to relate two cases, and to touch very cursorily upon some interesting topics, with the view of eliciting facts and opinions from the Fellows, who are more competent than myself to give instruction.

CASE I.—Mrs. ———, aged about 31, of a feeble constitution, nervous temperament, with a very marked curvature of the dorsal spine, was confined with her second child, Sept. 29, at 8 P. M. Two hours afterwards I was sent for, and found her fainty, with a feeble pulse, produced partly by a too copious lochial discharge, although it was not more copious than is usual with many women, and partly by nervous disturbance. She was soon relieved, and got along very well, the condition of the bowels, the urination and lactation all being favourable.

Oct. 5th. When I called this morning, I learned that the patient had passed a very uncomfortable night, almost wholly deprived of sleep; that she got up and sat in a chair yesterday afternoon for the first time; that while up, in attempting to reach something at a little distance, by leaning and twisting towards one side, she felt that she had strained or injured herself, and that this was the commencement of her distress. She had great uneasiness in the uterine and inguinal regions, attended with a strong sensation of bearing down, especially when she urinated, which was done slowly, with pain and difficulty, attended sometimes with faintishness. She had no febrile symptoms, no flatulence or fulness in the region of the bladder; but the os uteri was soft and relaxed, situated high up, behind the crest of the pubis, and the fundus sunk down between the vagina and rectum so low as to rest on the perineum, and so large, apparently, as to occupy almost the whole cavity of the pelvis. I had no catheter with me; but being satisfied there was no considerable accumulation of urine, I

immediately attempted to replace the uterus by the usual manual operation, with the patient placed in the most favourable position, but without success. Although my efforts at the time gave her some pain, and I seemed to myself to have effected little or nothing as to the position of the uterus; to the patient it seemed otherwise, for she experienced a decided mitigation of the distress she had suffered since yesterday.

I visited her again in the afternoon, and found her comparatively easy. She had passed, since my morning visit, about half a pint of urine, which came more freely than it did previous to my first visit, but not without some distress and faintishness. A catheter was introduced, which passed up behind, and parallel to, the symphysis pubis, and scarcely any urine was found in the bladder. At this visit I did not renew my efforts at replacement, but directed the patient to make full trial of the effect of position, that is, a prolonged resting upon the knees and elbows, or, if she could do it, upon the upper part of the chest; and to take an opiate in the evening, if necessary. Soon after I left, she followed my directions resolutely. She placed herself upon her knees and upper part of the chest and remained in that position for an hour; was sensibly relieved thereby, and had a pretty good night's sleep without the opiate. She had some difficulty in urinating in the night.

6th, A. M. She had tried the position again this morning before my visit, and I found her so comfortable, that I did not think it necessary to use the catheter, or make an examination. She passed urine freely before my visit, and did not feel as if there were any more to come away. At my afternoon visit, as she had passed but little urine, and that with some uneasy sensations, the catheter was used, and very little water found. She had flooded considerably since my last visit. Upon examination I found that the large tumour between the vagina and rectum was entirely gone; there was entire relief from all the distressing symptoms with which she had been attacked forty hours previously. It is probable that the uterus returned to its normal position this morning while she was in the prescribed posture, and that this replacement allowed the uterus to be evacuated more completely, causing the increased discharge before mentioned. As the patient has some flatulence to-day, I directed an enema containing *ol. ricini* and *ol. terebinth.*

7th. No symptoms of retroversion, and no indications for the use of the catheter. As the enema prescribed yesterday had not operated as was designed, a copious injection (a quart) of linseed tea was directed, which operated very favourably. As the vaginal discharge is excessive and somewhat offensive to-day, injections of infusion of chamomile and sulph. alumen were prescribed with the most satisfactory effect. Also the patient was directed if there should be any symptoms of a recurrence of the retroversion, any sense of weight and bearing down, or dragging pains in the groins, to recur immediately to the position already employed. She had no recurrence of such symptoms, but a good recovery. She maintained a recumbent position longer than usual after confinement; and before she began to sit up had an abdominal supporter provided, of domestic manufacture, which she wore a very few weeks.

CASE II.—The following case led to the contrivance of the instrument which I offer to the inspection of the College this evening.

Mrs. —, aged 37, has had four children, the youngest of whom is aged about 11 years. She has subsequently had repeated abortions, but in each case originating in causes independent of any defect in her health or constitution. For several years past, her menstrual periods have recurred regularly

every three weeks, and they usually continue seven or eight days, so that she is menstruous one-third of the time; yet not one woman in five hundred has been favoured with such uninterrupted good health, and such constitutional vigour. About the end of last August, in attempting to lift a heavy body, while in a stooping position, she sustained some injury, as she said, "felt something give way" in her left side, or iliac region. She continued to have an unusual sensation in that side, but it was not one that gave much distress or inconvenience, or of which she could give a distinct account. Some time after she began to have a vaginal discharge, and on the 10th of November, I was requested to prescribe for it. She expressed her apprehension that there was ulceration of the os uteri; ocular inspection did not detect any; but there was very evident congestion of the parts. I directed a constitutional and local treatment, which had so favourable an effect, that I visited her but a few times.

On the 16th of December, in the midst of one of her menstrual periods, she was extremely imprudent in exposing herself to the effect of dampness and cold. In the evening, she became ill and passed a very distressful night. In the morning I received an early and urgent message to visit her, and found her in great distress. She had great pain and tenderness in the hypogastric region, the pain extending down into the pelvis, into the back and the groins. The whole uterus was much enlarged,—the os and cervix uteri were enlarged, smooth, hard, with a marked increase in temperature, and extremely intolerant of pressure on any part that I could reach. One circumstance in the case seemed to me very remarkable,—that with so much local distress and disorder, there should be so little constitutional disturbance. The treatment consisted of leeching repeatedly, internally and externally,—a very free use of magnes. sulph. and antimon. tart., in divided doses—fomentations—anodyne injections per anum et vaginam—anodynes internally, when the symptoms required them—restricted diet, and recumbent posture. Under this treatment, the urgent distress was soon relieved; the tenderness in the hypogastric region gradually subsided, as did also the tension, tenderness, and heat of the os uteri, and there was a sensation of softness and laxity in the parts compared with their former engorged state. But still the uterus was evidently much enlarged, and there was still a very tender spot on the left side of the cervix, extending as high up as I could reach. She continued to improve, and became so well that she was about her chamber and went down stairs. She had fecal discharges every day, but they were not sufficiently evacuant, and she was obliged, occasionally, to use laxatives. In the evening of January 13th, she took a cathartic pill. At 4 o'clock next morning she was obliged, as the effect of the pill, to get up to the chair; and while on the chair she was suddenly seized with great distress, and very peculiar sensations—pain in the groins and top of the thighs—frequent inclination to urinate, which was done with great pain and difficulty;—still greater difficulty in defecation, with a distressing pressure on the rectum. Upon examination, at an early hour in the morning, I found the pelvis almost filled up by some body, which was interposed in the cul-de-sac between the vagina and rectum, and which rested on the perineum. The os uteri was high up behind the symphysis pubis, nearly on a level with its crest, and so pressed against the bone, that it was reached not without some effort. The diagnosis was very clear that it was a complete retroversion of the enlarged uterus, which was at least four inches in length. Dr. Meigs thought it could not be much less than five inches. The immediate cause was probably an accumulation in the sigmoid flexure of the colon, which accumulation had been caused

by the enlargement of the uterus. I introduced a catheter, without delay, to ascertain if there was an accumulation of urine, but found very little. The operation was afterwards repeated as often as was necessary to be assured that there was no accumulation in the bladder. The bladder had been carried backwards with the uterus into the pelvis; for when a gum elastic catheter was carried in about six inches, the patient said she felt the instrument passing down into the pelvis.

After the introduction of the catheter, I attempted to return the uterus by placing the patient in various positions, and by applying pressure to the fundus, both per anum et per vaginam. But my varied trials accomplished nothing; the uterus seemed to be as immovable as if there had been adhesions, and it was still so tender, that pressure upon it gave the patient a good deal of uneasiness. In the afternoon of the same day (Jan. 17) I requested my friend, Dr. C. D. Meigs, greatly experienced in this class of diseases, to visit the patient, in consultation, which he did promptly; and he repeated, with a strenuous determination to conquer success, the trials which I had made, and with the same result. At subsequent visits he made repeated attempts to bring down the os uteri so low that he could introduce Professor Simpson's Sound; but he made hardly any approach towards success. He then gave the sound (made of annealed silver) a short curvature, somewhat resembling a blunt hook, with the view of using it as a hook to draw down the os uteri; but with no better success. Dr. Meigs visited the patient with me once or twice a day on the three succeeding days, and we both renewed our efforts to replace the uterus, but without any appreciable success; for the fundus still rested on the perineum. But although the uterus remained unmoved, some important changes had taken place in the condition of the patient. She could urinate without much distress, although very slowly. The pressure upon the rectum was much less distressing, and there was less difficulty in defecation. On the day the retroversion occurred, I prescribed castor oil and laxative enemata in ordinary doses. They operated a little, with very frequent efforts, attended with much distress in the sigmoid flexure and descending colon; but they did not produce free evacuations. The next morning I directed an enema of one quart of linseed tea. This had a very favourable effect. It seemed to act as a solvent to the contents of the sigmoid flexure, and procured a very copious evacuation, with comparative ease, and to the great relief of the patient. A similar enema was given with the most satisfactory effect once or twice a-day, so long as any aid was necessary to keep the bowels free, and to prevent accumulations in them.

Having used for four days without any appreciable effect, all the means in our power to replace the uterus; as the very urgent symptoms in the bladder and rectum had abated; as menstruation had supervened, and the engorgement was slowly subsiding, it was deemed advisable to suspend for the present the efforts at replacement, and Dr. M. discontinued his visits, until some change in the patient's condition should require his return. It was agreed, at the suggestion of Dr. Meigs, to introduce into the vagina a small gum elastic bag stuffed with curled hair. It was supposed that its continued gentle pressure, aided by the patient's frequently resting on her knees and elbows, and the catamenial discharge, would favour the subsidence of the engorgement, and aid any efforts of nature to restore the uterus to its normal position.

The uterus was so large and laid so low that at first only a very small gum bag could be introduced, but on each succeeding day it was found that the size of it could be very considerably increased. At the end of four days the uterus was evidently diminished, and the fundus, instead of resting on the

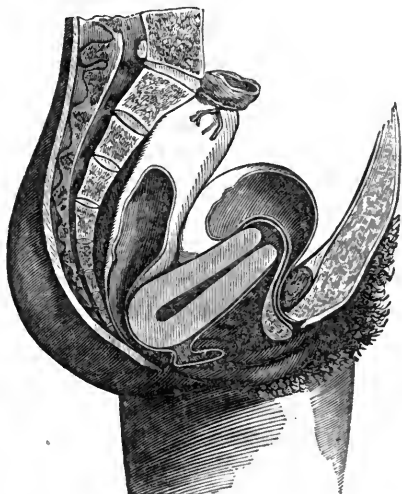
perineum, was crowded back into the hollow of the sacrum, and the os uteri was shoved up very high.

In one of our consultations I stated to Dr. Meigs my belief that I could contrive an instrument which would be more efficient in such a case than any of the means we had employed, or that were known to me, and explained to him the principles of it. Directions were immediately given to Messrs. Rorer and Son to construct one. The instrument was finished Jan. 25th, (five days after Dr. M. discontinued his visits,) and on the first trial of it, with great ease to the patient and to myself, I entirely replaced the uterus. The patient was so satisfied with my success, that she immediately said, "I beg you, doctor, never to use your finger again in such a case."

It is proper to observe that during the use of the gum bags I made a few attempts to replace the uterus. In an attempt just before the instrument was obtained the uterus seemed no more movable by the finger than if an adhesion had taken place between it and the surrounding parts.

After the replacement of the uterus she had not the least uneasiness or uncomfortable feeling, unless she got into an upright position or on her feet, when she experienced a sensation of weakness and uneasiness in her back and hypogastric region. The neck of the uterus was still enlarged. She had also some vaginal discharge, which was removed by using a few times a weak solution of nit. argent. I directed a recumbent posture, a copious enema of linseed tea every day, so as to avoid any straining in defecation; and, should any uneasiness occur in the uterine region resembling that she had lately experienced, to place herself immediately on her knees and elbows. At the end of a week I directed her to try an abdominal supporter. She obtained one of Mrs. Betts, which, as the patient said, acted like a charm. She could immediately sit up or walk about without any inconvenience or disagreeable sensation, and, indeed, says she has been entirely well ever since its application.

The position and size of the uterus were so nearly the same in both of these cases, that the accompanying diagram furnishes a good illustration of the relative situation of the pelvic viscera* in each. The only difference seemed to be that, in the first case, the mouth and neck of the uterus were much softer and more yielding to the touch, and did not press so firmly against the pubis; and perhaps the body of it was a little thicker and broader. An examination of the engraving will show that the attempt to replace the uterus in such cases, by pressure with the finger in the vagina, will have very little effect. It will only shove the fundus back into the hollow of



* In order to show the position of the membranes of the viscera, the artist has not re.
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the sacrum. It will also show that, although the finger or thumb may be more efficient when introduced into the rectum, yet it lacks one important desideratum to ensure success, viz: sufficient length to lift the fundus above the promontory of the sacrum. It will also aid one in forming an estimate of the utility and safety of Professor Simpson's uterine sound, as a means of replacing the uterus in such cases. As I have had no experience in the use of this instrument, except to witness a trial of it in one case, perhaps it will be thought obtrusive in me to offer an opinion. Yet, after some study of its capabilities, it seems to me that in those cases of retroversion, where instrumental aid is most needed, it will be found useless; and that in those cases where it can be used, it may well be questioned whether the patient would not, in almost every case, be better without its use. Indeed, would it not be a dangerous weapon in the hands of those bold chivalric practitioners, who are determined never to be thwarted? As a mere sound, it is probable that a much lighter and more flexible instrument would be preferable.

It may be asked, do such cases often occur as that for which this instrument was contrived? As I have not made displacements of the uterus either a speciality or a hobby, and do not pretend to have enjoyed extraordinary opportunities for observation, my answer may be of little value and may pass for what it is worth. But I reply, that according to my observations and inquiries they occur very rarely. In a practice of above thirty years, I have not met with a case of retroversion in pregnancy; I have met with only one case in a puerperal patient, which is the first case contained in this paper; and with only one case unconnected with the pregnant or puerperal state, and that is the second case which I have read. Any person who will examine the various treatises on midwifery and the diseases of women, may be satisfied that the writers thereof have had extremely few or no cases of this disease in pregnant or puerperal patients. In some of them it is not noticed, and in those who do treat of it, their articles are made up of quotations, references, comments and suggestions, not of facts occurring under their own observation.* I venture to assert, with confidence, that no man of ordinary sagacity, who has had a case of retroversion in pregnancy, will afterwards recommend the following practice, which is to be found in most of the late authors, and which I quote from Dr. Dewees.

"The hand being well lubricated, should be passed into the vagina in a state of supination; the fingers retracted in such a manner as to form a straight line at their extremities; they must then be gently pressed against the base

presented the os uteri pressing against the pubis and the fundus against the rectum, as they did in both cases; and the uterus is represented of smaller dimensions than it was in either of them.

* It is but justice that I should qualify this remark by a reference to the recent publications of Dr. C. D. Meigs, viz: his "Obstetrics," his "Letters," and his Note to Colombat. In these will be found some interesting facts, and the statement that he has met with a great number of cases of retroversion.

as it were of the tumour, that is found in the vagina, so as to move it backwards and upwards along the hollow of the sacrum, until the mass shall reach above the promontory of this bone; when this far, the hand may be withdrawn and a pessary introduced of a proper size."

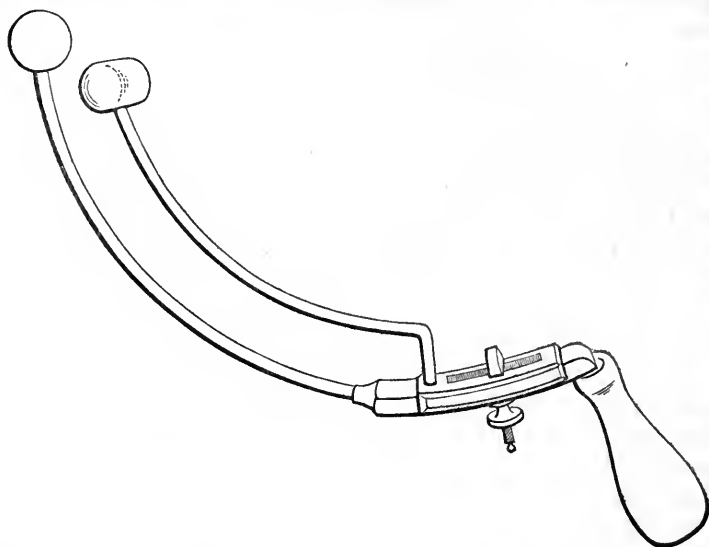
Here observe, that in a case where a tumour fills the cavity of the pelvis, where the tumour is so large as to rest on the perineum, to press against the pubis so as to obstruct the introduction of a catheter, and to press so hard against the sacrum as to prevent defecation; when the vagina is put upon the stretch longitudinally by the height to which it has been carried by the os uteri, in such a case, the whole hand is to be introduced into the vagina. And the hand is not only to be introduced through parts not dilated nor relaxed by the physiological effects of parturition, but, before proceeding to act on the tumour, the extremities of the fingers are to be brought into a straight line, a form which will require a large space for the hand. This straight line of the fingers must then be brought against the base of the tumour that is found *in the vagina*. Now, this tumour is not in the vagina, but behind it, and the base of the tumour rests on the perineum and os coccygis. If the hand could be passed into the vagina (which is impossible in such a case), it might press the tumour backwards, but would have very little or no effect in lifting it upwards. When the tumour is lifted above the promontory of the sacrum, the operation is to be finished by the introduction of a pessary of a *proper size*. What would be a *proper size*, after such an operation? Perhaps that of a quoit, or a small cocoa nut.

But, although such cases of retroversion as I have referred to in the preceding remarks, when the uterus is much enlarged, are rare, there are other displacements of it occurring much more frequently, in some of which it is probable this instrument may be found useful. I refer to those flexions and tiltings of the unenlarged (and otherwise healthy) uterus, to which some persons attach so much importance, attributing thereto numerous local and constitutional disorders, which are, as they think, to be removed by that panacea for uterine ailments, the *pessary*. Such are those cases where it is practicable to change the position of the uterus by the use of Prof. Simpson's sound. My opinion is, that most of these are cases of neuralgia, and that though they may be perhaps aggravated, they are not entirely caused by the position of the uterus, and are not to be remedied solely by replacement by mechanical means.

But, as very distressing symptoms are undoubtedly connected with, or dependent upon, the abnormal position of the uterus, it is desirable that it should be ascertained in the easiest and most certain way, whether replacement and retention in place are the proper and sole remedy. Replacement can seldom fail to be accomplished by the use of this instrument, without any probability of irritating the uterus, although it be in a pathological condition, which can scarcely be said of Prof. Simpson's sound. If the distressing symptoms have been caused by displacement, the immediate effect of replacement

will aid in determining whether it be an affection which can be cured by merely mechanical treatment, or whether the symptoms be owing to a morbid condition of the uterus and its appendages. This I regard as an important question in diagnosis, often not easily settled, which this instrument may aid in determining.

Description of the Instrument.—The instrument (see accompanying figure)



consists of two blades, the *anal* and the *vaginal*, and of a clamp-headed screw and nut to fasten them together. The anal blade has the larger curvature (a radius of about four and a half inches), has a square body three inches long, upon which the other blade slides and rests, and to it belongs the handle of the instrument. The vaginal blade has a smaller curvature (a radius of about three and a half inches), so as to make the blades parallel; has a large groove, about two inches long, exactly fitted to the square part of the other blade, so as to slide upon it, and to obtain a firm attachment by means of the screw. The groove has a fenestra through its upper side, one and a quarter inch long, wide enough to give passage to the head of the screw, when this is placed longitudinally. That part of the screw, which is within the fenestra, is square, so as to prevent its rotating when the nut is turned. The end of each blade is terminated by an ivory tip. That on the anal blade is spherical, and is about five-eighths or six-eighths of an inch in diameter. It should be as large as can be conveniently introduced. It would probably be better to have it oval, if it could be readily introduced. This difficulty may be overcome by means of a suitable speculum. The tip of the vaginal blade is oval, approaching to a cylinder with hemispherical ends, about one and a quarter inch long and five-eighths of an inch in diameter. The tips are screwed on to the blades, so that they may be readily taken off and exchanged for others of a different size and shape, if desired. The distance between the tips and the junction of the blades is about six and a half inches.

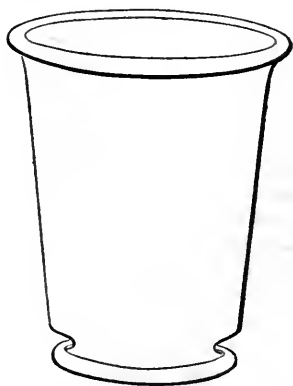
In using the instrument, detach the blades from each other; introduce the

anal blade into the rectum, then the vaginal blade into the vagina; then fasten the two together by means of the screw. Be particular to keep the blades parallel with the axis of the pelvis, and never thrust them forward with inconsiderate haste. The tip of the vaginal blade can be placed higher or lower, as circumstances may require. If the fundus uteri has sunk low between the rectum and vagina, it will be best to shove up the movable blade, so that the two tips shall be nearly on a level. In this position of the tips, it is intended that the space between them shall only be sufficient for the vagina and rectum, without pressing them—a space not exceeding three-eighths of an inch. If the fundus uteri does not lie low, or if the instrument has been carried up as high as the vagina will easily admit, loosen the screw, and, without allowing the vaginal blade to retreat, carry up the anal blade in such a manner as to throw the fundus forward into its natural position. Cases may occur where it would be desirable and convenient to use either of the blades separately. Should it be found desirable to place the tips at a greater or less distance from each other, than can be done by the slide, this can readily be accomplished by placing a small wedge under either end of the sliding groove.

ART. IX.—*Extraction of a glass goblet from the Rectum—Fracture of the Penis.* Cases reported by W. S. W. RUSCHENBERGER, M. D., U. S. Navy, Fleet Surgeon for the East India Squadron. (With a wood-cut.)

WHILE recently on a visit to Canton, I derived the history of the following cases from the notes and verbal explanations of the Rev. PETER PARKER, M. D., Chief of the "Ophthalmic Hospital," &c., under whose notice they fell. Both cases seem to me so unusual, that I avail myself of Dr. Parker's consent, and submit them for publication. The first case affords us a glance at the debauchery practiced by a portion of the Chinese population about Canton.

On the records of the hospital, the case numbers 23,930. *Glass goblet extracted from the Rectum.*—In the evening of the 1st March, 1848, a young man, very respectable in appearance, solicited Dr. Parker's aid for his father, whom he had brought to the hospital. With many expressions, indicative of his sense of shame and mortification, he related that Loo, his father, then sixty years of age, had spent the preceding night in one of the "flower boats," or floating brothels on the river, with a prostitute. Under the insane excitement or intoxication produced by the combined influence of drinking spirituous liquors, and smoking opium, the lecherous sufferer, in mischievous frolic, forced a glass goblet, of the form and size indicated in the accompanying diagram, into the vagina of the companion of his sports. In the course of the night, Loo fell into



Diameter of brim, $2\frac{1}{2}$ inches.
Height, $3\frac{1}{2}$ inches.
Diameter of base, $1\frac{1}{2}$ inches.

a state of unconsciousness, when the woman sought her revenge. She carefully insinuated the base of the goblet within his anus, and then placing the end of her opium-pipe—a cylinder about an inch in diameter, and a foot and a half in length—at the bottom of the goblet on the inside, suddenly pushed it into the rectum, entirely above the sphincter. Twenty-four hours had elapsed since its introduction. An angle of about a half inch of the rolled lip of the glass had been broken out by efforts made by friends to remove it.

Such was the report of the case when brought to the hospital for relief.

On examination, the glass was found firmly fixed in its position; it was very difficult to pass the extremity of the finger beyond its lip, betwixt its outside and the rectum. In Dr. Parker's opinion, it was impossible to extract it entire; and, therefore, though anticipating difficulty and danger in the operation, he determined to break it down. By means of forceps, such as used by obstetricians in breaking up the foetal cranium, commencing on the side nearest the pubis, he broke up the goblet and extracted it piece by piece, carefully guarding the parts by folds of cotton cloth as he proceeded, and removing the small sharp fragments which fell, with a teaspoon. After the bowl, or bell portion was removed, the most difficult part of the operation remained to be performed, for the hemorrhage was free, and the base of the goblet, with the sharp points of the sessile stem, resulting from the fracture, was high up in the rectum, and firmly embraced in a transverse position. Assisted by the bearing-down of the patient, the edge of the base was reached by the point of a finger, and with difficulty turned edgewise, guarding against fractured points by pledgets; then, by pressing the smooth side, or bottom of the glass against the rectum, it was at last extracted. Remaining fragments were sought for, and the intestine thoroughly washed out. To arrest the hemorrhage, which was considerable, strong solutions of sulphate of copper, and of alum, were injected, and temporarily confined in the rectum, by pressing a sponge against the anus. For a time the bleeding ceased; but during the night, several ounces of coagulated blood were evacuated; afterwards, there was no more hemorrhage.

The operation occupied an hour and a half. An opiate was administered, and the patient placed in bed. The general treatment consisted in rest, laxatives, and light diet; the rectum was occasionally injected with tepid water, and solutions of nitrate of silver.

On the fourteenth day the case was discharged, cured.

Fracture of the Penis.—A young man, native of Canton, applied to Dr. Parker for relief. He had been married about eight months. On the nuptial night, he met with insurmountable difficulty in his attempt to establish sexual intercourse with his bride, and in an effort, on that occasion, sustained a severe, and most probably, irreparable injury, which caused great pain. Since that night, erection of the penis is limited to about a half an inch of its root, the extremity of the organ, with its glans, hanging flaccid.

On examination, a well-defined, transverse space, through the corpora cavernosa, about a half inch from the pubis, the site of fracture, was found to separate the penis into two parts.

No attempt was made to remedy this serious misfortune.

U. S. Flag Ship Plymouth, Macao, October 15th, 1848.

REVIEWS.

ART. X.—*Obstetrics. The Science and the Art.* By CHARLES D. MEIGS, M.D., Professor of Midwifery and Diseases of Women and Children in the Jefferson Medical College at Philadelphia, etc. etc. With one hundred and twenty-one illustrations. 8vo. pp. 685. Lea and Blanchard. Philadelphia, 1849.

TREATISE after treatise on the theory and practice of Midwifery have, within a few years past, issued from the press in rapid succession, each excellent in its kind, and the majority bearing the names of the most diligent cultivators, and distinguished practitioners of obstetrics. Amid these, the work of Dr. Meigs will claim a high and commanding position. As an elementary treatise—concise, but, withal clear and comprehensive—we know of no one better adapted for the use of the student; while the young practitioner will find in it a body of sound doctrine, and a series of excellent practical directions, adapted to all the conditions of the various forms of labour and their results, which he will be induced, we are persuaded, again and again to consult, and always with profit.

The work of Dr. Meigs bears all the intrinsic marks of being the production of one who has not only had ample opportunities for studying the several subjects of which he treats, but who has carefully improved those opportunities. There is an earnestness in the author's style, as of one having authority. What he describes, he has evidently seen—what he directs to be done he has himself practiced. From his very manner of teaching, we perceive that the obstetric science he inculcates has been deduced from, or verified by his own observations, and that the correctness of the rules of practice laid down by him has been tested by his own experience. This, while it constitutes in a great degree the value of the work, in relation to every point connected with the science and the art of obstetrics, renders it likewise a more pleasing one to study. The reader seems rather to be listening to the earnest, truthful and living voice of one qualified to teach, than merely perusing the dry details of doctrine and of practice from the printed pages of a book.

The foregoing remarks apply, without qualification, to all that portion of the treatise before us which treats of obstetrics properly speaking. The correctness of a few of the hypotheses advanced by the author, relative to certain physiological points, may, it is true, be disputed, and we might desire to expunge an occasional phrase of doubtful meaning presented as an explanation of physiological action. But we desire not to war with these pets of our author, they detract but little from the true value of the treatise, and can scarcely mislead in any important particular. From one, however, of his pathological doctrines, to be noticed hereafter, that, namely, in relation to the cause of cyanosis neonatorum, we must be permitted to dissent in toto. The chapter on this subject cannot but be considered as a most unhappy appendage to an otherwise most valuable work.

In his "Preliminary Observations," Dr. Meigs defines *Midwifery*—"the art of assisting women in labour,"—while *obstetrics*, he remarks, "comprises the sciences of anatomy, physiology, and pathology, as relative to the reproduc-

tive organs, and the arts of therapeutics and surgery, as applied to sexual affections in women." Hence, also, he defines "a midwife or accoucheur" to be "one who assumes the conduct of cases of labour"—while "an obstetrician is a physician, who, in addition to a general knowledge of physic and surgery adds the special information that is necessary for one having charge of all sexual affections, whether in the department of midwifery proper, or in other complaints of the sex." We confess that we do not see the necessity, nor are we prepared to acknowledge the propriety of the distinction here drawn between the midwife and obstetrician. So far as the two terms are concerned it is unquestionably altogether arbitrary. We can find nothing which leads to the supposition that the Roman *obstetrix* was in any respect superior to the Saxon *midwife*.

Dr. Meigs' treatise is divided into four parts, the first of which treats of the anatomy of the parts concerned in the acts of reproduction, their pathology and therapeutics. The pelvis with its several dimensions, planes, and axes—its mechanism, and that of labour as it depends upon the relations of the pelvis and foetal head—the organs of generation—the structure and power of the womb, and its action in labour, are well and accurately described. All the subjects here enumerated are of vast importance to the obstetrician—an intimate acquaintance with them is essential to constitute a safe and efficient accoucheur. In his account of them the author is peculiarly happy, and he has rendered every subject, even the most complex, plain and familiar, by numerous well executed wood engravings and diagrams. The chapters that treat of the pelvis and its obstetrical relations constitute an admirable guide to the student, in acquiring a knowledge of these particulars, without which he can never qualify himself properly to conduct a labour. A very excellent account of the ovaries and their functions concludes the first part of the treatise. Dr. Meigs presents his own peculiar views of the office of the ovarian stroma and of the nature of the corpus luteum; these are so well known as to render an exposition of them here unnecessary.

The second part of the treatise is devoted to the physiology of reproduction. In regard to the nature of the menstrua, Dr. Meigs adopts the modern doctrine that the discharge is simply blood, rendered impure from the admixture of a quantity of mucus and epithelial cells. In rejecting the notion, that the menstrual discharge is a secretion from the mucous surface of the uterus, he is certainly borne out by the result of numerous recent researches. The intimate connection which exists between the development and expulsion of the ovarian ovule and the menstrual flux is clearly pointed out by our author, together with the various important deductions resulting from this relation in reference to the pathology of menstruation, and to the several stages in the life of the female. In connection with this subject a few remarks are offered upon the computation of the commencement of pregnancy, from the period of the last menstrual period. Dr. Meigs considers that few errors will be committed if we begin to count at the day following that on which the flow ceased, allowing 280 days as the usual duration of gestation.

The history of pregnancy—the changes which take place in the womb to fit it for the reception of the ovum—the formation of the placenta—the growth of the womb as the pregnancy proceeds, and the various sympathies which are awakened by the process of gestation—are all clearly and accurately delineated.

Quickening, Dr. Meigs ascribes to the embryo becoming, about the age of four months and a half, sufficiently large and strong to make its movements felt by the mother, and describes the peculiar sensations usually attributed to

the movements of the foetus, as being produced by its thrusting with its hands and feet, or suddenly redressing its body from its usual flexed position. This explanation we have long looked upon with distrust, and were pleased to find what to us appears to be a somewhat more reasonable explanation advanced by Dr. Tyler Smith, in his lectures on the physiology of parturition.

Dr. Meigs' account of the development of the foetus is full and explicit. His views of the structure of the placenta are somewhat different from those usually taught. He describes the foetal aorta as dividing into two umbilical vessels, which, running outwards along the cord, subdivide at its extremity into myriads of arterioles and capillaries, which, constituting numerous tufts or branches connected together by a loose cellular tissue, is called the placenta. In the human placenta, and in those of certain quadrupeds, all these placental tufts are united into a single disc, cake or placenta; hence, adopting the opinion of Seiler and Velpeau, that the placenta is entirely foetal, and that there exists no direct vascular connection between the foetus and mother. The accuracy of this description will, we are persuaded, be borne out by future cautious investigations.

While Dr. Meigs sets down the ordinary duration of pregnancy as two hundred and eighty days, he maintains the possibility of its being protracted in some instances far beyond that term. He quotes the case related by Asdrubal of a thirteen months gestation, to which he gives full credit. He states also a case which fell under his own care, in which, if the statements of the female are to be relied on, the pregnancy continued near fourteen months, or four hundred and twenty days. We have ourselves seen more than one case in which, if the computation of the female, from the last appearance of the menstrual discharge, was to be depended upon, the pregnancy continued over three hundred days, but we have always believed in these cases, that some error had occurred in the reckoning, though we were not always able to detect it.

The remarks of our author upon the causes and management of abortion are particularly deserving of attention. The same remark may be made in reference to the section on *retroversio uteri*, in which the causes, consequences and treatment of this most important displacement of the gravid uterus, are treated with Dr. Meigs' usual ability.

A consideration of the signs of pregnancy concludes the second part. Commencing with the remark, that "The safest rule would be to suppose every married woman of the proper age, with suspension of the catamenia, while not giving suck, as pregnant, and to treat her as gravid until convinced of the contrary"—Dr. Meigs proceeds to show that the non-appearance of the menses at the regular period is no conclusive evidence of conception, and that, although there are many accidental or correlative signs which establish a probability of the existence of pregnancy, still, that the only true and infallible signs of the existence of this state are those derived from the visible, palpable or audible motions of the child. The importance of auscultation and the character of the sounds detected by it are next pointed out.

The first two parts of the treatise before us present all the preliminary knowledge, derived from anatomy and physiology, which is necessary to prepare the practitioner for the management of a case of labour; together with some account of the more prominent pathological conditions of the female generative organs and their management. From the careful perusal of this portion of the work, the student will rise with the conviction of having acquired precise and explicit views upon the several points treated of; more especially of the facts and doctrines in relation to the interesting and at the same time import-

ant subject of reproduction, for which we are indebted to numerous modern investigators. The whole illustrated, wherever this was possible, by beautifully executed engravings and diagrams.

The third part of the treatise is devoted to the consideration of labour. Every particular in reference to this important process, from the subsidence of the womb to the expulsion of the child and placenta, is minutely considered, and in a manner to impress exact and clear views upon the mind of the student.

In treating of the several positions of the head, Dr. Meigs remarks that he is convinced by his registry of cases and by the course of his clinical experience for some years past, of the perfect correctness of the statement of Professor Nægelé, that, while the most ordinary position of the vertex presentation is that in which it is found nearest the left acetabulum, the one next in frequency is the fourth, or forehead left position, which he therefore calls, in his enumeration, the second.

"This," remarks Dr. M., "is a comfortable doctrine; for, the tyro, who has studied in the books the so called mechanism of the head in the pelvis, is very likely to be startled at the first case of forehead left presentation he shall meet with; but, if he now learns that it is a natural position, and the one second in point of frequency, he will not suffer himself to be disturbed by the occurrence; particularly if he remembers Dr. Nægelé's assurances,—that it is one as favourable for the mother and child as the first or vertex.

The mechanism of labour is clearly described in general terms, reserving the more minute details until each form of labour is treated of.

The chapter on the conduct of a labour is an excellent one—all meddling some interference is reprobated, and yet a watchful attention inculcated in regard to everything calculated to render the condition of the parturient female comfortable—to sustain her courage, and to guard against every occurrence calculated to interfere with her labour, or to impede her "getting up." The author's remarks upon a resort to blood-letting during labour are particularly judicious—much mischief has arisen from a supposition, entertained by some accoucheurs, that a tedious labour is always to be benefited by venesection if the pulse be full, vigorous and somewhat accelerated.

In relation to the delivery of the placenta, Dr. Meigs lays down the following sound doctrine. We have heard it advocated by highly respectable obstetricians, that, so long as there is no hemorrhage, there is no danger of allowing the placenta to remain within the uterus, should even a day or more elapse before it is expelled.

"Some writers," remarks our author, "have been disposed to assign a fixed period, up to which the accoucheur ought to wait, before he resorts to compulsory measures for the delivery. But there can be, or ought to be, no fixed rule on the subject, except this one rule, the placenta must be got away, as there is no security while it is left. I have never gone away from a patient leaving the placenta undelivered. I think I have never waited for its spontaneous extrusion more than an hour and a half, for I have always supposed that if it would not take place in one hour, there was little prospect of its taking place in twenty-four hours. I cheerfully admit, however, that cases may and do occur, in which a longer delay might be advisable. I have not met with such cases."

Dr. Meigs' explanation of the retention of the placenta by an hour-glass contraction of the womb, is probably the correct one—namely, that the placenta is preternaturally adherent, and acts as an internal antagonist to the contracting of that part of the uterus where it rests, while the other portions contract as usual. He advises delivery at once, in all cases where the exist-

ence of an hour-glass contraction can be clearly made out. This, we are persuaded, is the correct practice. After describing the mode of delivery in such cases, Dr. M. adds—

“This operation it has been my fortune to be compelled to perform a good many times; and I can safely say I have never seen any bad results from the practice. I repeat, it may be done so gently and dexterously, as even to occasion but little pain. No patient for whom I have performed this service has died.”

Upon the treatment of the female, the precautions to be observed, and the accidents liable to occur, immediately after labour, Dr. Meigs is very full. The whole of his remarks on these points will be particularly useful to the student and young practitioners. His absolute proscription of the tampon, in cases of hemorrhage after delivery, should be duly considered.

The present chapter concludes with remarks on the subject of etherization in labour. It is well known that Dr. Meigs is a decided opponent to the employment of anæsthetic agents with the view of suspending the pains of parturition. His letter to Professor Simpson, which is here inserted, comprising his leading objections to the induction of anæsthesia, has been widely circulated, consequently we need not enter into an exposition of them on the present occasion.

The next three chapters treat of face presentations, pelvic presentations, and preternatural labours. The first two—their mechanism and management—are minutely detailed and illustrated by drawings. Dr. Meigs regards the pelvic as a natural labour.

“The breech,” he remarks, “composes one end of the foetal ovoid; and a breech labour requires, for its complete success, no greater dilatation than that demanded for the passage of the head: it may be effected without any aid, and is, perhaps, not really fraught with greater danger to the mother than the other, the common vertex presentation. It is, however, far more dangerous for the child than the vertex case, and as the object of parturition is the safe birth of the infant, it might be proper to include, in the class of preternatural labours, all things in which the child is exposed to unusual hazard. Still, many breech presentations terminate favourably with great celerity, and without any artificial aid, whence I look upon them as not really preternatural.”

The subject of turning in cases of shoulder and arm presentations is considered in all the detail its importance demands.

In cases of placenta prævia, Dr. Meigs objects, on theoretical grounds, to the plan proposed by Messrs. Simpson and Radford, of promptly separating the entire placenta—and his objections would appear to be valid. Still, we cannot reject the evidence adduced in favour of the separation of the placenta by gentlemen of unquestionable skill and veracity. Admitting, however, that the supposition of Dr. M., “that in any case in which it is possible to detach the *whole* of the placenta, it would be also possible to introduce the whole of the hand, and thus commence at once the operation of turning,” is well founded, and that this operation “ought to be esteemed as the essential indication of treatment in placenta prævia—which, the earlier it is done, so much the greater chance does it give both of rescuing the child and saving the woman from fatal losses of blood,” we see no necessity for discussing the propriety of separating the placenta, further than is necessary to admit the hand.

Dr. M. presents a series of excellent directions for the prevention and suppression of post-partum hemorrhage, as well as that following the after-birth.

The section on puerperal convulsions is a most admirable one—that the practice inculcated by the author in this frightful form of preternatural labour

is the correct one our own experience bears ample evidence. We have tried etherization in these cases. In a case in which convulsions came on in the early period of labour, with the head high up and the os uteri rigid and but partially dilated—after the abstraction of twenty ounces of blood, the female was placed under the influence of ether—the convulsions were suspended, and she was delivered of twins within a couple of hours, by the unaided powers of the uterus. The moment the effects of the ether passed off, the convulsions returned with great violence, but were subdued by cups to the temples, sinapisms to the extremities, and purgative enemata. The mother and one of the children—the other was dead-born—are doing well.

The other varieties of complicated labour are treated with equal ability. In relation to their character, diagnosis and management, the student will have but little instruction to desire that is not furnished to him by Dr. Meigs. In this, as well as in the other portions of the work, the results of the author's clinical experience are strikingly adduced to illustrate and enforce his instructions.

The subject of preternatural labour from deformed pelvis and from rupture of the uterus are treated of in Chapter XIV. Both subjects will command the close attention of the student. The latter does not appear to us, however, to have received from the author all the attention its importance demands. Neither the predisposing and exciting causes, nor the phenomena consequent upon the occurrence of the laceration, are described.

The ensuing chapter is devoted to a consideration of the forceps, the history of their introduction, the various modifications which have taken place in their form and size, and a description of those now in use. Dr. Meigs gives the preference to the instrument of Davis. His remarks on the true office of the forceps are excellent, and his directions for their application and management sufficiently clear. We doubt, however, whether any one can acquire, from description alone, a sufficient acquaintance with the subject to enable him to succeed in the application of the forceps.

The subject of embryulcia is next considered, in relation to which the author's remarks are concise but very pertinent.

After describing a pelvis in which the deformity is so great as to render delivery impracticable with an unmutated child, Dr. Meigs proceeds thus—

“Such a pelvis is not fit for the forceps, since it is too small for them to be withdrawn when locked. The question must always be, therefore, between the perforator and crotchet on the one hand, and the Cæsarian section on the other. But this is only to be considered as relative to the living child. Of the dead child no question can arise as to the mode of its delivery, except that of the perforator, and whether sooner or later. *The dead child must always be withdrawn per vias naturales, if there be space enough to extract it through with equal safety.* But even when the child is known to be dead, we may be compelled to perform the Cæsarian operation, if we would deliver the woman at all. Since the deformity may reach to the degree of shutting up the passages against the perforator.” “The practitioner who may be in charge of a case of labour where embryulcia is indicated, must be guided by his judgment, and the counsel of his medical brother as to the signs which compel him to undertake the delivery. I have already enumerated them, and they are easy to be understood. There is in general far more danger of the operation being deferred too long, than of its being performed too soon, since, if it be not performed in time to save the life of the mother, it would be as well not to do it at all. I know that in uttering this sentiment, I am liable to the imputation of wantonly encouraging the use of this dreadful operation, but I wish to disclaim such an intention. I hope that no man living is reasonably more reluctant than I am to use any obstetric

instrument whatever, and I fear that a resort to its employment is often had very unnecessarily and rashly. But I think that, when the case under consideration arises, we ought to act so promptly and so understandingly, that we may, on the one hand, derive a perfect success from it, and on the other, stand acquitted, in our own judgment and in that of others, from the charge of any rashness or precipitation. I shall strive, therefore, while I reiterate the opinion, to clear myself, by repeating that all such cases require a medical consultation. To mutilate the child, and then lose the mother, is a real misfortune, both for the practitioner himself and for the profession, which from such results, is in danger of falling into disrepute.

"It is to be understood, then, that where all other instrumental means fail, where, after due reflection upon the circumstances that hinder the delivery, a conclusion is formed that the mother and child must both perish, unless the latter be withdrawn by the assistance of instruments that mutilate it, where the Cæsarian operation is inadmissible, or rejected by the patient, we have the remaining and very sure resource of the operation of embryuleia, or embryotomy, and we can venture to encourage and cheer the unhappy and suffering female with the prospect of speedy relief by its means."

Dr. Meigs dismisses the important question of the induction of premature labour, in cases in which from deformity of the pelvis the birth of a living child at the full time is rendered impossible, with a few rather, we conceive, unsatisfactory remarks. That the operation is legitimate, he admits is not to be doubted, and that he who does it properly acts within professional rules and usages; but, he adds, inasmuch as every premature labour furnishes some just grounds of apprehension, both for the parent and child, I am very clear in the belief that *well understood motives alone can justify the accoucheur who performs it*. But is this not true of every obstetric operation; is any one of them justified excepting when performed from well understood motives? We had expected to have heard from our experienced author something in regard to the probable advantages of the induction of premature labour in the cases in which it is alone justifiable. Something of the statistics, so far as they can be collected, of the operation. Some account of the proper time and mode of performing it. It is seldom, in the volume before us, that, in relation to any important obstetrical procedure, Dr. Meigs furnishes his reader with such unsatisfactory data for the formation of an opinion as in the one under consideration.

Some excellent remarks follow on inversion of the womb after delivery and the mode of proceeding for its reposiit.

Puerperal fever constitutes the subject of the next chapter. The views of Dr. Meigs in relation to the pathology and treatment of this frightful disease, are well known to the medical profession. He believes the disease to be an extended and highly acute inflammation of, principally, the peritoneum, demanding for its treatment the early, bold, and judicious employment of venesection. He presents a very good outline of the symptoms and progress of the ordinary form of the disease. That puerperal fever is in many cases dependent strictly upon peritonitis and in others strictly upon uterine phlebitis our own, as well as the observation of others, have convinced us. That the disease, under different circumstances and in different epidemics, presents very important differences in its general characteristics cannot, we believe, be doubted. Hence, in treating of puerperal fever as one disease, we shall be led into gross errors, as well pathological as therapeutic. In respect to the treatment laid down by our author; in sporadic cases, and perhaps also, in certain epidemics of the disease, and in particular localities, it will be found, if judiciously carried out, the one best adapted to arrest the malady. We have employed it in

several cases with the effect of cutting short the disease. But, he who shall attempt to follow it in all the epidemic forms of puerperal fever and in all localities, he it commenced ever so early and conducted with the utmost boldness and judgment, will find but little to pride himself upon in its results; as in the case of Dr. Clarke, of London, stated in the letter of Dr. Collins to Dr. Meigs, he will find himself forced to abandon it. In the epidemic puerperal fever of the Dublin Hospital, Dr. Clarke, we are told, bled *instantly and copiously*, but with the most fatal results.

A short chapter follows on atresia vaginae, illustrated by an instructive case.

Some very judicious remarks follow on the use of ergot. As a means of quickening a tedious labour, Dr. Meigs very properly objects to its employment.

"In the case," he remarks, "of a feeble and attenuated patient, with relaxed and weak tissues, whose labour is lingering merely from want of power, and not from unnatural resistance, I can imagine that the ergot might be safely administered at almost any stage of the labour. But in a woman in good health, whose labour is slow for want of proper rotation of the head, or rendered lingering by rigidity of the os utero, vagina, or perineum, or vulva, or excessive relative magnitude of the head, the greatest degree of consideration should be given to the whole case, before resorting to the ergot, in order to decide which is preferable, the secale, or the forceps or vectis." "The practitioner who should dare to drive the uncovered head of a foetus against a rigid cervix in spasm by means of the mad force of ergotism, is, to say the least, a most untrustworthy practitioner, one who recklessly exposes his patient to the danger of uterine lacerations, and is indifferent to the poignant distress which cannot fail to result from such an administration."

Dr. Meigs remarks that he rarely gives ergot as an expulsive agent; he chiefly employs it at the moment of, or just before the birth of the child, in order to secure, if possible, a permanent or tonic contraction of the womb, after labour, in women who are known in their preceding labour to have been subject to alarming hemorrhage.

The chapter on milk-fever—inflammation of the breast—weed—and mammary abscess, is a most excellent one. Too many practitioners believe that their duty is fulfilled towards the parturient female, so soon as the child is safely delivered, and, after a few visits, leave their patient to the tender cares of the nurse—whose injudicious interference often brings on the very train of evils it was the duty of the obstetrician, by a cautious attention to his patient, to have prevented. A careful perusal of the chapter before us will point out to the student and young practitioner, some of the more prominent tendencies to disease in the recently delivered female—the means by which they may be controlled; or, when they have fully developed themselves, by which they may be most certainly conducted to a favourable termination.

The fourth, and last part of the treatise, is devoted to the history and diseases of the young child. We wish every parent, every citizen, whether male or female, could be induced to read and inwardly digest the directions given by Dr. Meigs for the management of the new-born infant—especially in regard to dress—early application to the breast—and alimentation generally. They are throughout marked by sound sense, and if generally adhered to, would save many an infant from much suffering, diminish the mortality among those of tender years, and relieve parents from many anxious hours of watching spent over the couches of their offspring, and from the pang of seeing those expire whom they had hoped to rear as the ornaments and props of their after years.

We recommend this chapter to the earnest attention of the student and young practitioner.

The remarks of the author on the more frequent of the affections incident to the new-born child, though short, are interesting; we doubt, however, the accuracy of Dr. Meigs' description of aphthæ, and certainly cannot accede to the supposition that muguet, as it is termed, is a vegetable substance attaching itself to the interior of the mouth. Our experience has taught us that this latter form of stomatitis is the one most commonly met with in young infants. It is certainly much more common than the true aphthous stomatitis.

We now come to the last chapter of the treatise, which treats of cyanosis neonatorum. The author commences with warning the student that it is not his design to treat of all the affections that may in any wise serve to contravene the aëration of the blood—all of which are causes of cyanosis—but only of the blue disease of young children, or *those cases that are coincident with permanency, after birth, of the characteristics of the fetal heart*. But this is a begging of the very question, which is to be proved. We believe that there are very few cases in which cyanosis does not appear at birth, or within a very short time subsequently—hence, it was incumbent on the author to point out clearly the diagnosis of the cases to which his remarks are alone applicable. Cyanosis neonatorum, according to Dr. Meigs, results from an asynchronous action of the heart; the right auricle acting with greater force, or earlier, or more rapidly than the left, in consequence of which the blood in the right auricle is made to lift up the valve of Botallus, and pass into the left cavities of the heart, from whence it is distributed to the brain and other parts of the body—its presence in the brain producing a state of partial or complete asphyxia, producing sudden death, or the condition termed cyanosis.

The cure of the whole disease, in such cases, is to shut down the operculum, or valve of Botallus, which Dr. M. believes may be done by placing the child in such a posture as will bring the septum auricularum into a horizontal attitude, and thus causing the blood in the left ventricle, by its weight, to press down the valve of Botallus, and prevent the venous blood from escaping from the right into the left cavities of the heart.

All this at first view, appears to be very clear and very reasonable; but, on asking for the evidence that cyanosis is ever produced in the manner described by Dr. Meigs, we find that there is none, and that the entire hypothesis is a mere closet speculation, and which most unfortunately stands in direct opposition to the entire mass of facts derived from pathological anatomy. These prove that a mere patency of the foramen ovale will not give rise to cyanosis, but that in every fatal case there is found to exist some cause or other, which tends essentially to prevent the free and complete circulation of the blood through the lungs, to retard its passage through the venous system, and, consequently, to render the process of arterialization more or less slow and incomplete. But Dr. Meigs will reply, that he admits various malformations of the heart and its vessels—unnatural states of the lungs, whether congenital or accidental, in short, whatever prevents the due exercise of the whole function of respiration, as among the possible causes of cyanosis; that he had no design of treating of the cases which are dependent upon these causes, but only of such as result from simple patency of the auricular foramen with asynchronous action of the heart. Before, however, we can be called upon to receive his rationale of these cases, he must first prove their existence by evidence as conclusive as that which has been adduced by numerous pathological anatomists in disproof of their occurrence.

Dr. Meigs will probably urge that the correctness of his views in regard to the mode in which cyanosis neonatorum is produced are fully borne out by the success attendant upon the practice based upon it. But this does not necessarily follow. Even in cases of cyanosis from congenital malformation of the heart or large blood-vessels, the position of body recommended by him is admirably calculated to relieve the frequent exacerbations of all the prominent phenomena of the disease to which the patients are liable. As Mr. Chevers remarks, it places the greater portion of the voluntary muscles in a state of relaxation, thereby rendering the circulation through the extreme vessels as free as possible—relieves the chest from compression, and what is of still more importance, it facilitates the supply of arterial blood to the lungs and brain. But, that it can have the effect, in any case, of causing the blood of the left auricle to press down the valve of Botallus and thus close the direct communication between the right and left sides of the heart, seems to us impossible. Nor can we believe that the weight of the blood in the living heart in incessant action, can be made, in any position in which the body may be placed, so to bear upon the valve as to press it down over the septum auricular opening. We can be scarcely styled presumptuous if we require of the author proof of the fact.

We admit that in numerous instances, in which a casual and temporary impediment existed to the free passage of the blood through the lungs, permanent relief has been effected by the patient being placed, and retained for a time, in the position advised by Dr. Meigs, but we cannot admit that these were genuine cases of cyanosis. A strict analysis of the phenomena in more than one of the cases given in some detail by Dr. Meigs, will, we believe, convince any pathologist, that they present no evidence of malformation of the heart, nor of the passage of the venous blood into the left cardiac cavities, but merely of some casual and transient impediment to the process of respiration, or to the free circulation through the pulmonary vessels.

We here close our brief notice of the work of Dr. Meigs. Our favourable opinion of it as a treatise on the science and the art of obstetrics, has been already freely expressed. It has seldom been our lot to peruse a work upon the subject, from which we have received greater satisfaction, and which we believe to be better calculated to communicate to the student correct and definite views upon the several topics embraced within the scope of its teachings—we regret that, upon any one topic we have found it necessary to differ from the author—we have done so in no instance from a mere fault-finding spirit, but from a well grounded conviction, that the views advanced by the author are erroneous. It is unnecessary for us to recommend the work to the favourable notice of the profession; before even our remarks shall reach them, the work, we are persuaded, will be in the hands of the major portion of American physicians, as well as of those who are destined shortly to become such.

D. F. C.

ART. XI.—*Report made to the House of Representatives of Massachusetts on the Commission of Lunacy.* House Doc. No. 72, pp. 10. Boston, 1846.

First Report to the Legislature of Massachusetts by the Commissioners appointed to inquire into the condition of Idiots within the Commonwealth. By SAMUEL G. HOWE. House Doc. No. 152, pp. 20. 1849.

Second Report to the Legislature of Massachusetts by the Commissioners appointed to inquire into the condition of Idiots within the Commonwealth. By S. G. HOWE. pp. 147. Boston, 1848. Senate Doc.

Causes and Prevention of Idiocy. pp. 24. By S. G. HOWE. Boston, 1848.

NEXT to the poverty of the body—nakedness and hunger—the poverty of the mind is occupying public attention and anxiety, and the insane have become, and are becoming, the objects of interest. But it must be confessed, that this interest was excited in former times generally, and in many places even now, not so much for the good of the suffering lunatics as for the security of the healthy people. The insane were supposed to be too dangerous to others to be allowed to run at large; and they were, therefore, confined in strong places, and other means of security were used, so that the timid public should suffer no injury from them. Some were enclosed in worse places than violent criminals; and the jail, both here and elsewhere, divided its accommodations and its discomforts between the law-breakers and the lunatics; for their recovery was not a thing sought for or expected, and no plan was laid, nor means provided, for this purpose. These patients were deemed as permanent nuisances, and were merely to be kept, not out of harm's way, but out of the way of harming.

But, in the course of time, it was discovered that even these hopeless sufferers could be improved; and that most of them, if attended to in proper time and manner, could be restored to health. Consequently, the insane, in many places, are provided with all the means of restoration, and receive as tender and as successful care as those who are sick with other diseases.

Notwithstanding these judicious provisions for, and attention to, the wants and sufferings of the lunatics, there are many whose disease sank into dementia, and they are now left in hopeless fatuity.

There was another and much larger class, who were born without mental capacity, or with it, at most, very imperfect; or, in whom it had never been developed. These were the idiots. It could not be said, that they were to be restored to health, because they had never been in any higher condition from which they had fallen. Their state was not a disease, that should be cured; nor a perversion from which they could be drawn back; but it was an original want of power or defect of development.

Believing that nature had unalterably fixed them in their present condition, that, as one class of men were created for intelligence and self-direction, so these were created for idiocy and dependence, the world has hardly entertained the suspicion that they could be improved, and has therefore left them to themselves in their degradation, and only provided for their animal wants, and protected them from harm.

Besides these congenital idiots, there were many others who had, in their early years, more or less intelligence, and gave promise of becoming like other men and women; but, from some cause or other, and often from no cause that was known to their families or friends, their minds withered away,

and they sank into idiocy as deep and as confirmed as those who were born to this condition.

All these, the demented, the congenital, and the supervened idiots, constitute a large class in every country, and bear very heavily upon every community for their care and support.

That fallacious document, the United States Census of 1840, states, that there were then 1271 idiots and insane in the State of Massachusetts, and 17,456 in the whole Union.

Certainly there are as many as, and, without doubt, many more than are here stated; for, wherever any trustworthy inquiries have been made, the numbers of the insane and idiots have been found greatly to exceed the statements of the national census.

These idiots are the outcasts of society everywhere, and yet they are dwelling in the bosom of many families. For them and for their friends, for those who supported them and for the keepers who sometimes guarded them, there seemed no hope of amendment. There was, rather, a fear, and even an expectation, that they would grow worse. The best that they could look for was, that they might go through, and end their low and imperfect life as they had begun it.

But, about fifty years ago, accident suggested to some persons in France, that idiots might be improved. Some philosophers of the sensualists' school, wishing to prove that all our ideas were received through the senses, undertook to teach a wild boy who had been discovered wandering in the forest. He had no language, and apparently no ideas. But, after ineffectual attempts to teach him according to the sensualists' theory, it was discovered that he was an idiot. Yet the labor of Itard, the instructor, was not all lost, for it showed him that his pupil, however low and small his intellectual powers might be, could be educated in some degree. Itard becoming interested in this matter, continued his efforts in his enviable work, until he was convinced, not only that his single pupil could be improved, but that other idiots could be benefited by education.

Various attempts were made in France to do something for this class, and with a success proportioned to the wisdom and energy of the efforts. Among the most active was Mr. Edward Seguin, who, by his writings and his example, enlisted others to co-operate in the same work. Mons. Ferrus established a school for this purpose in Paris, in 1828, and Dr. Voisin established another in 1839. Dr. Leuret and Mr. Vallée also lent their powerful aid to the work. The result of all these efforts proved, that humanity, even in its feeblest and most degraded condition, can almost invariably receive some advantage from education; and that the dormant power can be roused, and the darkened intellect can receive some light from proper instruction.

In the winter session of 1846, the Legislature of Massachusetts authorized the Governor

“To appoint three persons to be commissioners to inquire into the condition of the idiots in this Commonwealth, to ascertain their number, and whether anything can be done for their relief, and to make report of their doings to the next general court.”

Happily for the success of this scheme, Dr. Samuel G. Howe, the philanthropic director of the Perkins Institution for the Education of the Blind, was appointed chairman of this committee of inquiry. He laid his plans with good judgment, and pursued them with his accustomed energy.

In the winter of 1847 the commissioners made their first report. But they had made but a partial survey of the State. They had sent circulars of in-

quity to the clerks of every town and city. They had personally visited as many towns, and examined as many idiots, as possible. They had obtained information from France, Prussia, and Switzerland, in regard to the manner and success of the treatment of idiots in the schools which had been established for their education in those countries.

By all these means the commissioners had obtained much valuable information, but not all that was desired. They were, therefore, authorized to continue their inquiries through another year.

At the session of 1848, Dr. Howe laid before the Legislature the result of his second year's labor in this work; and the whole is published by order of the government, in a pamphlet of 100 pages of text, and an appendix of tables extending through 48 pages more.

These reports of Dr. Howe contain a great amount of important information relative to the personal and social condition, and the numbers, of idiots; and to the supposed causes of idiocy; and are, therefore, valuable contributions to science.

They treat of the number of idiots in Massachusetts; definition of terms *idiot* and *idiocy*; capacity, condition, and treatment of idiots in private families and in almshouses; cleanliness, alimentation, and exercise of idiots; of European schools for idiots, and of a proposition for the same in Massachusetts. In the supplement Dr. Howe treats of a classification of idiots, the supposed causes of idiocy, parentage, hereditary tendency to bodily and mental imperfection, circumstances which predispose to idiocy, physical and moral condition of parents, intemperance, self-abuse, intermarriage of relatives, and attempts to procure abortion.

The appendix contains several tables which describe the 574 idiots who were examined, showing their origin, present condition, and future prospects.

Dr. Howe personally visited many towns and examined a great many idiots. Besides this, a competent and trustworthy agent, Mr. Enos Stevens, was employed for the same purpose. In course of the years 1846 and 1847, they visited 182 towns, containing, at the last census, 392,586 inhabitants, and discovered 755 idiots. If the same proportion prevails in the whole State and nation, there are 1,418 idiots in Massachusetts, and 32,827 in the United States. They carefully examined 574 of these idiots and made a record of their names, their physical, moral and mental character and condition, their parentage, history and the probable causes of their disability, and the whole, with the exception of their names, is published in the Report before us.

There are many minute details respecting the parentage, the habits and condition of the relations of the idiots, the bodily state and mental power of the subjects, the size and form of their heads, &c., which to a careless observer may seem trivial and irrelevant. But as "this whole subject of idiocy is new, and science has not yet thrown her certain light upon its remote or even its proximate causes, nothing connected with them can be too minute to be observed by the philosopher who is in search of the origin of this low condition of man."—*Second Report*.

Dr. Howe is a believer in Phrenology, and has brought the principles of that philosophy to bear upon this subject; and although he has not attempted to base this investigation upon that science, yet he has availed himself of its classification of the powers and qualities of man in the conduct of his inquiry.

Supposing in the advance, what seems to be shown in the result, that the mental and moral conditions are connected with the general bodily and the cerebral organization, the stature of the idiots, the size and shape of their heads, and the width and depth of their chests have been measured and the

shape of their whole frames and limbs have been examined, and the record of each fact is published.

A large portion—14 pages of the *Second Report*—is taken up with an attempt to define idiocy, or rather an attempt to reconcile the many, various, and conflicting definitions with which the medical and legal writers have endeavoured to describe this state. Our space will not allow us to enter upon this part of the subject, nor should we hope to be more satisfactory than others who have gone before us. Of all the definitions, that we find, none include all who are indubitably idiots, without including some who plainly belong to the more intelligent classes of mankind: and these definitions are so unlike that no two of them, when applied, would include precisely the same number of individuals.

There is and can be no distinct and definite line drawn through society, on one side of which it can be confidently said, that all are idiots, and on the other side all are of sound mind. The several moral and mental qualities and powers that enter into and make up the mind and character of man, are very unequally distributed. One person has much of one kind, and a disproportionately small quantity of another, and very little of a third, and perhaps none of a fourth. And another may have a very different distribution of power, and be strong in those in which the first is weak, and weak where he is strong. Thus, No. 413 has perception of musical sounds and ability to count, much above the average of men of sound minds, but his skill in the use of his perceptive and reflective faculties are much below them; but No. 139 has a very small arithmetical power, and is dull in regard to musical sounds, while his perceptive faculties are equal to the average of mankind, and his reflective faculties only half as strong. Then we often see a man who is sufficiently wise in ordinary affairs, but has no skill in numbers, or very acute in his perception of facts, but very dull in reasoning from them.

From the lowest idiot, who cannot even control his muscular power so much as to move his limbs or masticate his food, who can neither see, nor hear, nor feel, up to men of the highest order of intellect, there are all intermediate grades of intelligence, without interval between them. And the mental and moral qualities are distributed in such various proportions in these persons; that it is impossible to classify them strictly.

Idiocy is a defect rather than a disease, a deficiency of the several powers in greater or less degree, rather than a disease of the powers that are originally perfect. Dr. Ray calls idiocy a defective development. This agrees with Esquirol, who says: "Idiocy is not a disease, but a state in which the intellectual faculties have never been manifested." Most of the legal descriptions point to this. Blackstone says, "an idiot or natural fool, is one who hath no understanding from his nativity." The old English law recognizes the same origin.

After quoting several definitions of idiocy, Dr. Howe says, "Without pretending to scientific accuracy, idiocy may be defined to be that condition of a human being in which, from some morbid cause in the bodily organization, the faculties and sentiments remain dormant or undeveloped, so that the person is incapable of self-guidance, and of approaching that degree of knowledge usual with others of his age."—*Second Report*, p. 19.

There are all degrees of this condition, from the weak-minded man, who errs in judgment and needs counsel of others in the conduct of his affairs, to the lowest idiot, who is but a mere organism.

Writers have made various divisions, each one according to his view of some prominent traits or defects of idiots. To these Dr. Howe adds a division of

his own, which is as applicable as any that have been offered, and certainly is as convenient and practicable, inasmuch as it has regard rather to the degree of helplessness and dependence of idiots on others for direction and support.

"IDIOTS of the lowest class are mere organisms, masses of flesh and bone in human shape, in which the brain and nervous system have no command over the system of voluntary muscles; and which consequently are without power of locomotion, without speech, without any manifestation of intellectual or affective faculties.

"FOOLS are a higher class of idiots, in whom the brain and nervous system are so far developed as to give partial command of the voluntary muscles; who have consequently considerable power of locomotion and animal action; partial development of the affective and intellectual faculties, but only the faintest glimmer of reason, and very imperfect speech.

"SIMPLETONS are the highest class of idiots, in whom the harmony between the nervous and muscular system is nearly perfect; who consequently have normal powers of locomotion and animal action; considerable activity of the perceptive and affective faculties; and reason enough for their simple individual guidance, but not enough for their social relations."—*Second Rep.*, p. 61.

Idiocy, like insanity, may be intellectual or moral, or both, and it may include all or any part of those classes of powers, and in any variety of combination.

Having determined as nearly and stated as clearly as possible what idiocy is, and what idiots are, Dr. Howe next describes the condition of those who had been examined.

Of the 574 idiots, 420 were so from birth, and 154 were originally intelligent, but became idiotic in subsequent years.

Most of them are poor, and a large proportion are public paupers; 22 have property of their own held by guardians; 62 belong to wealthy families; 225 belong to indigent families, but are not public paupers; 220 are town or state paupers; the pecuniary condition of 45 was not ascertained.

In regard to their dependence or power of self-sustenance—

"Fifty-three are as helpless as infants; 74 are as helpless as children two years old; 94 as children seven years old; 138 can work to some small profit, if carefully watched and directed; 179 can nearly earn their board if directed in work by others; and 36 can earn their board and clothing under the management of discreet persons."—*Second Report*, p. 22.

This shows very plainly the absolute and entire dependence of most of this class, and the partial dependence of the rest on the sound and the healthy for support and direction.

Their ages range from six months to 103 years; eleven are under five; forty-nine under ten; 200 under twenty-five; 372 over twenty-five years of age; and the ages of two are not stated.

The great end of all this inquiry was to ascertain the capacity of idiots for improvement. Dr. Howe thinks that 174 of the congenital idiots, and 22 of the supervened idiots under twenty-five years of age, and 195 congenital and 97 supervened idiots over twenty-five years old are capable of improvement. These are proper subjects of education; they can be taught to do some kinds of labor, to acquire some kinds of knowledge, to attend to their own persons and take care of themselves.

Of the younger class thirteen congenital idiots, and of the older class thirty-eight congenital, and thirty-eight supervened idiots appear to be capable of little or no improvement.

Besides their helplessness and dependence, the situation of these idiots is deplorable indeed. Dr. Howe says of the public paupers: "They are of all

sorts and grades of idiocy, from the mere simpleton who cannot take care of himself, to the drivelling idiot who wallows in his filth." "Some are comparatively free from the dominion of animal lust and appetite, and are mild, affectionate and docile; others are a helpless prey to dreadful passions, depraved appetites and disgusting propensities."

Some want instruction, and if properly encouraged and directed, will co-operate with a teacher in their education; others are as insensible and unimprovable as the oyster, and can receive no advantage from others, except to be fed, clothed, and sheltered.

A large portion of these idiots are kept in public alms-houses, and although Dr. Howe says that he met with no instance of wilfully unkind treatment of idiots, by keepers of any alms-houses, and that "in most cases the overseers of the poor have given orders for the idiots to be treated with kindness," yet they suffer for want of proper management; for however humane and discreet in ordinary affairs the keepers of these houses may be, yet that special character which is best fitted for the direction of idiots, the peculiar talent which can best understand their degree of intelligence, and adapt its use of motives and its plans of action and government exactly to their comprehension, docility and power, is not sought for, and if it is found in any of the keepers, it is rather accidental than the result of design and care on the part of the public authorities.

In consequence of their disability of mind and body, idiots are incapable of taking so much care of their own persons and doing so much for themselves as others do; they therefore need more care and aid from others to keep their bodies in proper condition. They have a lower sensibility, and their skins are not irritated by foreign matters, which may gather upon them; and moreover, their eyes are not offended by the sight, nor their nostrils by the foul odour of a filthy surface. They require, therefore, uncommon attention from others to keep them in a neat condition and to preserve them from offensive filthiness of person.

But, for pauper idiots generally, the means of this extraordinary attention are not provided; and, according to the report, "in a great many of our alms-houses, they are disgustingly filthy. They change their body and bed linen only once a week, and never bathe." In this last matter, idiots form no remarkable exception to a very large part of the people, and we fear that if this were to be adopted as a test of competent mind, very many who are considered as of sound mind, would be thrown into the class of imbeciles.

Idiots do not need more cleanliness than other persons; but they do need as much, and it requires much more care from others to maintain their external purity, and if they are neglected, they become more filthy and offensive.

Idiots have generally great appetites, and many of them eat voraciously. Minute inquiry was made as to the quantity of food which 444 usually ate, and this quantity was compared with that which others of the same sex and age usually eat, and the result shows, that 20 consume less than the average; 81 just the average quantity; 343 more than the ordinary allowance, and 116 just double the amount that others eat, and the average for the whole 444 was about 50 per cent. more than that required for other persons.

Besides this enormous allowance which they obtain by consent of others, they often steal more, and some will devour the offal and the waste of the kitchen, even the foulest and filthiest garbage which is intended for the swine.

This gluttony increases their natural stupidity, for the nervous energies which might go to sustain a muscular or mental action are all absorbed in sustaining the digestive process.

Idiots are prone to inaction. They do not love motion, and still less labour. They prefer to bask in the sun, and lie there in utter quiescence of both body and mind. If they are required to work, they do it so unskilfully, and need so much direction and urgency, that their labour is unprofitable, and those who have the care of them find it easier to support them without, than with, their help. Consequently, very few of them work for the profit or advantage of the labour. Still fewer take any action for the sake of the exercise, and for health. They will not do it voluntarily, and others are unwilling to urge it upon them. Their bodies are therefore sluggish, and their minds stupid. They have weak muscles, and, though their frames may be sufficiently full, and their limbs sound, yet it is rather from fat than muscular fibre, of which they have comparatively little.

The general management of the idiots in private families is not much better than in alms-houses, and in many it is much worse. Of the 354 who were examined in private houses, only 5 were treated very judiciously. These were submitted to the best influences for education and direction; they were taught all that they could learn; their powers were developed to the fullest extent; their propensities and passions were therefore controlled or restrained, and they were made comparatively happy and useful.

But these idiots are generally found in the poorest and most ignorant families. They are the children of the weak, and the foolish, and sometimes of other idiots like themselves. There is, therefore, manifested in these families a gross ignorance both of the causes, and of the nature, of their disability. Their children are thus subjected to the worst influences, the most improper treatment, and, in some cases, to the strangest experiments for their improvement.

"Sometimes they find that their children seem to comprehend what they hear, but soon forget it; hence, they conclude that the brain is soft, and cannot retain impressions, and then they cover the head with cold poultices of oak bark, in order to tan or harden the fibres. Others, finding it is exceedingly difficult to make any impression on the mind, conclude that the brain is too hard, and they torture the poor child with hot and softening poultices of bread and milk; or they plaster tar over the whole skull, and keep it on for a long time."—*Second Rep.*, p. 32.

Some give mercury to act as a solder, to close up the supposed crevices in the brain, &c.

Some encourage their children in their ravenous gluttony, because they think the poor imbeciles have no other enjoyment but appetite, and they shall be indulged in that.—*Second Rep.*, p. 33.

In conducting this investigation of idiots, each one was examined personally, and inquiry was made of the friends in regard to every point that would throw any light upon their present condition, or its origin. Their parentage, their health, habits, powers, propensities were ascertained, their stature, their chest, and the size and shape of their heads were measured. The answer to each inquiry was noted in a memorandum book, and the whole digested and arranged into tables, which we have in the *Second Report*. The names are omitted in the printed table; but, each individual is numbered, and against this number are placed the answers to the forty questions that were asked.

The questions related to 1. Age. 2. Commencement of the defect, congenital, or not. 3. Height. 4. Temperament. 5. Tactile sensibility. 6. Command of muscular contractility. 7. Dynamic condition of the body. 8. Sensibility to musical sounds. 9. Skill in the use of language. 10. Capa-

city of fixing the sight on visible objects. 11. Ability to count. 12. Consumption of food. 13. Manifestation of the amative feelings. 14. Depth of chest. 15. Width of chest. 16. Greatest circumference of cranium. 17. Greatest diameter of cranium. 18. Diameter from the root of the nose to the occipital spine. 19. Transverse diameter over the ears. 20. Arc of cranium from the root of the nose to the occipital spine. 21. Arc from ear to ear. 22. Size of the lower frontal region. 23. Skill in the use of the perceptive faculties. 24. Size of the upper frontal region. 25. Skill in the use of the reflective faculties. 26. Size of the lateral region. 27. Activity of the faculties of self-preservation. 28. Size of the posterior region. 29. Activity of the social sentiments. 30. Size of the coronal region. 31. Activity of the moral sentiments. 32. Size of the cerebellum. 33. Activity of the animal nature. 34. Degree of ability to support themselves. 35. Parents in normal condition or not. 36. Parents drunkards or not. 37. Number of cases of idiocy or insanity known among near relations. 38. Scrofulous or not. 39. Given to masturbation or not. 40. Teachable or not. 41. Remarks.

The 1st, 3d, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, and 37th questions are answered in numbers positively, in regard to each one. The 4th is answered according to the preponderance and order of the nervous, fibrous, sanguine, and lymphatic temperaments. The highest is placed first, and the lowest last, against each idiot's name or number. The 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 22d, 23d, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32d, 33d and 34th questions are answered in numbers, relative to the size, power, and development of the same, in 1000 ordinary persons of the same age and sex. In these, 10 is assumed as the normal standard of size, power, &c., and those of the idiots are stated in numbers higher or lower, according to the fact. Thus, No. 395, who ate the average quantity of food, is stated as 10; No. 360, who ate double the average quantity, is stated as 20; No. 259 has no language and is marked 0; No. 268 can use monosyllables and is marked 1; and No. 190, who talks as other persons, is marked 10.

It may seem forced to state the sensibility to musical sounds, or activity of the moral sentiments or reflective faculties in numbers, yet it is the most convenient way of showing the relative quantity or force of the powers or affections. And as the comparison was made on the spot and at the time when the answers were obtained, it is probable that these numerical statements are correct. The standard, however, is arbitrary, and various persons, who associate with society of more or less cultivation and talent, and have different fields of observation, will have different standards, and consequently different notions of the power of these idiots. Yet we know of no better way of making and stating the comparison, and we put forth these statements of Dr. Howe in confidence that the whole will be sufficiently understood for the purpose of the author, who merely wished to give the best notion of the mental and moral and physical condition of these idiots.

The 2d, 35th, 36th, 38th, 39th and 40th questions are answered "yes" or "no."

In the last column there are other remarks in regard to most of the persons examined, mostly in reference to parentage, health, habits and condition of parents and other relations, and also in reference to the history and habits of the idiot.

This table includes idiots of all ages, from a babe of six months to a superannuated idiot of 103 years. Comparatively few are given in the earliest years. Of the 418 congenital idiots whose ages are stated, only 43 are under ten, giving a proportion of 114 per 1000 of all, in the first decade of life.

whereas the whole population of Massachusetts has 237 per 1000 of all, in this decade. Probably many, perhaps most of the idiotic children may have escaped the notice of the commissioners.

Dr. Howe says, that "there are a great number brought into the world so deformed, that it is apparent that they must be idiotic, and so feeble, that they do not live through infancy." "Idiots of the lowest class perish in great numbers in infancy and childhood: fools last longer; and simpletons attain to nearly the ordinary longevity. Perhaps it is safe to say, that the average longevity of the lowest class of idiots is not more than six years." And in the opinion of the commissioners the average duration of all congenital idiots is not more than twelve years.

As we are not sure that we have all the congenital idiotic children, we cannot determine the probable average longevity from this number. The average of all these is 28 years and 2½ months. The average age of all over ten years old is 31 years and 5½ months. That of all the whites of the State of the same age is 31 years and 9 months. So far as any inference can be drawn from this, an idiot, if he survive his tenth year, will live nearly as long as a person of sound mind. This would doubtless be an error. Probably the true longevity of all idiots, and of all above ten years old, is less than those above stated. This viability depends, in great measure, upon the perfectness or imperfectness of their organization. Hence idiots of the lowest class, who have the lowest organization, perish early; while simpletons whose intelligence and organization are not much lower than those of other persons, and who are saved much of the anxiety, wear and tear of life, that affect responsible men, often live to a great age. The one whose age is now 103 years, belongs to this class.

"When a person appeared in infancy or early childhood, to be idiotic, he is considered to have been born so." Those idiotic persons who never manifested more power than they now appear to possess, who, as they passed from infancy to childhood, did not put forth the talents of the new age, who, however low they may now be, have fallen from no higher degree of intelligence, are considered as congenital idiots. They belong to the class whom Dr. Howe considers as helpless as infants two years old.

There is another class who appeared in infancy to be as bright as other infants, and even when they were young children they showed no observable deficiency, but, when they passed from this stage of life to the next older, they put forth no more power, and remained ever afterward as weak and helpless as young children of seven years old. These are supposed to have some native defect of organization that prevents any greater expansion of intellect, under the ordinary influences, than they now exhibit.

Dr. Howe says—

"It was probably the intention of the legislature to use the word 'idiot' in the popular and common sense. We have considered, therefore, all persons whose understanding is undeveloped or developed only in a partial and very feeble degree, or who have lost their understanding, without becoming insane, to be proper subjects for examination."—*Second Report*, p. 21.

Of the 594 who were examined, 420 are reported as congenital idiots, and 154 became idiotic after birth: according to the table 29 of these in youth, and some in early manhood, were of sound and active mind, and became afterwards insane and then idiotic. The idiocy of the 154 is not caused, so far as can be known, by any defect of organization, but by some external cause or some habits or disease in the course of life.

Here arises a confusion and doubt which, Esquirol says, many fall into in

regard to the distinction between idiocy and dementia. Shall those who have once been intelligent but gradually fell afterwards into the idiotic stupor, without the intervention of lunacy, be considered as idiots or as demented persons? Esquirol solves the difficulty by disregarding the symptoms, and looking only at the history in making his distinction. "Idiocy is a state in which the intellectual faculties have never been manifested."—*Maladies Mentales*, ii. 284.

"A man in dementia is deprived of that which he has once enjoyed. He is a rich man become poor. The idiot has always been poor and wretched."—*Maladies Mentales*, ii. 285.

The stature of 288 idiots was measured. The average height of 172 males was 64.7 inches, and of the 116 females, 60 inches. These facts would be very valuable, if we had the standard height of healthy men and women with which we could compare them. Unfortunately we have no such data. If, however the general notion, that 67.5 inches is the average height of adult males, this measurement will corroborate our opinion, that idiots have a smaller stature than other persons.

The *width and depth* of the chest was ascertained in 224 adults, and their average corresponds precisely to that of other persons.

Temperament.—The temperaments of 417 idiots were ascertained and reported in the table. The four classes, nervous, sanguine, lymphatic and fibrous, are stated in the order of their preponderance against each of the 417 persons. In 143 the fibrous, in 139 the nervous, in 102 the lymphatic, and in 33 the sanguine predominated and stand first in the table.

Tactile or cutaneous sensibility.—Some have very great, even an unnatural cutaneous irritability, others have very little sense of touch, so that they are not disturbed by flies and other insects on the skin, and take no pains to brush them off. This is not owing merely to general want of power in the nervous system. One female, case No. 210 in the catalogue, 19 years of age, has so little cutaneous sensibility, that she takes no notice of flies on her skin, and very little of the prick of a pin or pulling her hair. "But she is quite animated by the sound of music, and will leave off eating to listen to it." She is therefore marked 4 as to sensibility of touch, and 13 as to musical sounds, 10 being the standard of each. The average of the 476 examined was 8.52.

Command of muscular contractility.—Idiots fail in the command of their muscles, and therefore they cannot control their limbs and direct them with the energy or precision of others. Hence they often walk with a waddling gait, and they make poor mechanics for want of power to use tools and strike with exactness. The average of the 444 examined was 8.33 to 10 when compared with other persons.

Dynamic condition of the body refers to "the general vigour of health as manifested in the ability to put forth muscular strength. 504 were examined to ascertain this, and the average was 7.88 to 10 as compared with other persons of their age."

Probably both the last averages are too large. Dr. H. very properly says, that the former is too high. If a more careful examination could be made of the power and muscular control of these idiots, with tools that require precision of action, and with protracted labour that requires continued effort, a different and lower result would be found in regard to them.

Sensibility to the musical sounds, like other powers, is very various; some have none; others have it in a high degree; one is marked 18, almost double the average of men, and there are all grades between them. Yet idiots are generally dull in this respect, and the average of the 300 who were examined

was only 6.3, less than two-thirds of the power that is found in the rest of mankind.

Skill in the use of language, which is often made the test of intelligence, is generally very small in this class of persons. A few enjoy it as other persons. Of the 452 who were examined, one is marked as high as 13, one 11, and ten are marked 10, and a very few 9 and 8; the rest are lower, and four have no language at all, and are therefore marked 0, and thirty-one are but little better, using only a few monosyllables, and are marked 1. The average of the whole 452 is 5, one-half the skill of the rest of mankind.

Ability to count is another test of power which was applied, and by which they were found wanting. Many cannot count at all, they do not see the difference between 2 and 3. Many can count 1 and 2; if we give them one block and ask how many they have, they may answer one, and then two when we add another; but when we add a third and a fourth, they still do not see more than two. 461 were examined with this view, and 5 had no conception of numbers, and are marked 0. 157 had some power, though in the lowest degree, and are marked 1. On the opposite extreme, six are marked 10, the usual average. One is marked 13, two 15, one 16, and one 18, having a power in the use of numbers which would be deemed extraordinary, even among those who are sound in mind.

"No 175 has little use of language. He is marked but 6 in that column; his intellect is very limited; he is, to all intents, an idiot; yet he has an astonishing power of reckoning. Tell him your age, and he will, in a very short time, give you the number of minutes. He is marked 18; he should, perhaps, have been marked higher." The average of the whole 461 is only 3, less than a third of the power of men of good condition.

Some idiots are unable to *fix their eyes upon small objects*, they stare and gaze but they do not see with distinctness. The image of the object is formed on the retina, but no exactly corresponding sensation is excited in the brain. In this power there is less deficiency than in others; 367 of 442 have the average power of fixing their eyes, and are marked 10; nine have it in an unusual degree, and are marked 11. The average of all is not given, and probably it would not fall much below that of other men.

Size and form of the head.—The idiots who were examined have somewhat smaller heads than others, but there is not so great a difference in this respect as is commonly supposed, as will be seen by the following averages of measurements. The first column of figures is the number of idiots who were examined, the second is the average measurement of idiots in inches, and the third is the average size of ordinary persons. M. and F. denote male and female:

Greatest circumference of cranium,	M. 99.	21.9.	22.0.
“ “ “	F. 59.	20.7.	21.5.
Diameter from root of nose to occipital spine,	M. 94.	7.5.	7.8.
“ “ “ “	F. 87.	7.3.	7.5.
Transversed diameter over the ears,	M. 94.	5.5.	5.8.
“ “ “ “	F. 87.	5.3.	5.5.
Arc of cranium from root of nose to occipital spine,	M. 87.	13.3.	13.8.
“ “ “ “ “ “	F. 61.	13.0.	13.5.
Arc from opening of one ear over to opening			
of the other,	M. 89.	14.0.	14.3.
“ “ “ “ “ “	F. 61.	13.5.	14.0.

Yet there is a very great difference in regard to the manifestation of the

several powers and propensities that are supposed by phrenologists to be connected with several parts of the head.

Dr. Howe was the President of the Phrenological Society, and is an accomplished scholar in that science. He is skilled in the practical application of its principles. His agent also was accustomed to cranial measurements, to craniological examinations, and to observing the connection between the cerebral developments and the mental and moral manifestations. Phrenology has therefore every advantage of skill, practice, and faith in its truth, to establish itself more firmly by means of this investigation, and to give further proof of the soundness of its doctrines, in the correspondence between the prominence or deficiency of certain parts of the cranium and the strength or weakness of certain powers, sentiments or propensities.

But the following table containing the result of Dr. Howe's observation shows, at least, that he has found no new proof of practical phrenology in this new field of inquiry.

Comparison of the development of certain parts of the cranium and of the mental and moral manifestations with the same in 1000 ordinary persons, those in the class of sound persons being assumed as 10.

Development of the lower frontal region of the cranium, - - -	9
Skill in the use of the perceptive faculties, - - -	5
Development of the upper frontal region of the cranium, - - -	9
Skill in the use of the reflective or reasoning faculties, - - -	3
Development of the lateral region of the cranium, - - -	8
Activity of the faculties of self-preservation, as cautiousness, cunning, &c.,	4
Development of the posterior region of the cranium, - - -	8
Activity of the social nature, or attachment to others, - - -	6
Development of the coronal region of the cranium, - - -	9
Activity of the moral sentiments, - - -	6
Development of the region of the cerebellum, - - -	7
Activity of the amative feelings, - - -	14
Average activity of the animal nature, estimated by the develop- ments of amative feelings, the dynamic condition of body, and the consumption of food.— <i>Second Rep., Appendix</i> , p. 52.	10

For ten of these statements, 116, and in the eleventh, 114, in the twelfth, 70, and in the thirteenth, 115 idiots were measured and examined, and these are the results, and they are generally corroborated by the measurements and examinations of most of the others.

The average development of the several parts of the cranium of these idiots is, in comparison with that of sound persons, as forty-three to fifty—that is, nearly as large. But the average power of the moral and mental faculties supposed to be connected with them, as compared with the same faculties in ordinary persons, is as twenty-four to fifty, less than one-half.

But, on the contrary, the cerebellum, which has as much smaller proportionate development as seven to ten, is connected with moral manifestations which are all equal to, and some much larger than the same in men whose cerebellum is of the ordinary size. The activity of the amative feelings is as fourteen to ten, and the activity of the whole animal nature in these idiots is just equal to that of others, or as ten to ten.

This great deficiency of power, in one case, may just be what a phrenologist would expect from the small deficiency of cerebral development. We are not sufficiently acquainted with the minutia of this science to determine what gradations of power should accompany certain gradations of development of the brain.

Nor are we prepared to say, whether the excess of the amative feelings ought not to be expected from the diminished cerebellum. We make no deductions from these facts. This we leave to those who wish to establish or disprove the phrenological system from them. We have no desire to do either. We will only say, that these facts come to us from unquestionable authority, whose principles and habits would lead him to give due attention and weight to all facts that can have any bearing upon this science, but whose impartiality and regard to truth impel him to state every fact precisely as he finds it, whatever may be the conclusion to which it may lead.

Dr. Howe says,—“It may be stated here, in general terms, that the result of this examination and measurement shows, that no dimensions of the head, except extreme diminutiveness, and no shape whatever can be relied on as criteria of idiocy. A few of the worst cases of idiocy are those in which the head is normal as to size and shape. Nevertheless, the tables show, that, taking the aggregate of all the cases, an obvious relation is seen between the size and development of the cranium, and of its different parts, and the amount of intellectual power and of the different kinds of mental manifestation.”—*Second Rep.*, p. 65.

An inordinate appetite ranks high among the propensities of the idiot's animal nature. More than a quarter of those examined consumed double the usual quantity, and some were insatiable with any amount of food. The average of the whole is fifteen to ten, as compared with the food of other persons.

In some the excessive eating was enormous. One child of five years was in the habit of taking a gallon of milk daily, and “one boy of thirteen has been known to drink six quarts of water a day,” and another, after being reduced and limited as to his food, now consumes just double the average used by others.

The manifestation of the amative feelings is the saddest part of this whole picture; it reveals oftentimes the cause and sometimes the terrible consequences of idiocy. In seventy idiots who were examined, this propensity has a power, compared with that in sound persons, as fourteen to ten. “In some cases it amounts to perfect mania,” and it continues long after the period of youth, even into old age. One person, sixty-six years old, is given now to open and shameless masturbation. Another of sixty-three is given to “excessive venery,” another of sixty-five has been masturbating for forty-five years, because, in these cases, although “the physical power breaks down, the dreadful propensity continues unabated.” Among idiots masturbation is a very common vice; out of 389 idiots who were examined, 204, of whom seventy-five are females, are known to practice it frequently. Cases were discovered of even little children addicted to this destructive habit, and worse than this nineteen little children were countenanced in this practice by intemperate, foolish, or degraded parents or nurses, and even some took satisfaction in this evidence of their children's precocity.

Physical condition.—Idiocy is often connected with other defects. Of the 574 idiots, 21 are blind, or have deformed eyes, 12 are deaf, 23 have deformity of mouth and nose, 54 have deformed hands or feet, 96 are paralyzed in some parts, 14 are torpid in feeling, 125 are subject to fits; convulsions are produced in 3 by use of tobacco, and in 29 by anger; faintness, nausea and vomiting are produced in 7 by fright. 491 out of 497, who were examined, are scrofulous.

Degree of ability to support themselves.—In the long table of individual idiots, in which is stated in numbers the degree of comparative ability of each one to support himself or herself, 13 are said to be able to do nothing, 48 can do one-tenth, 75 two-tenths, 96 three-tenths, 138 four-tenths, 175 five-tenths, and 32 six-tenths of the amount of labour sufficient for their support.

And the average ability of the whole is a little more than one-third sufficient for this purpose.

There is some discrepancy between this statement and that which we quoted before, in which it was stated 220 are as helpless as children two and seven years old. But probably this might be explained by the author. Perhaps this tabular and numerical statement refers to the possible condition and power of the idiots, when under proper guidance, and the former statement to their present condition and power unaided by others. Nevertheless both go to establish the same principle, the dependence of this class of persons on others for their support.

There is another element to be included in this estimate, that is, these persons can do as much as is herein stated, "under the management of discreet persons." Alone, their earnings would be much less and probably in most cases nothing; and when under the care of indiscreet persons, as are the parents of most of them, they do little or nothing towards their own maintenance.

Pecuniary circumstances.—These idiots are mostly the children of poverty. Of the 529 whose pecuniary condition was ascertained, only 22 had property of their own, and 62 belonged to wealthy families, 225 are members of poor families, and 220 are public paupers.

Age.—200 of these are under and 374 over 25 years of age.

Dr. Howe thinks favourably of their *capacity of improvement*. He says "that 196—almost the whole of the younger class—and 272—more than three-fourths of the older class—are capable of being improved in some degree and raised somewhat from their present miserable condition.

The causes of idiocy are matters of the greatest interest. Why are so many, why are any human beings found in this low, wretched and dependent condition?" This is a question that ought to interest the physiologist, the philanthropist, and the political economist. The causes of this low degradation of humanity should be ferreted out, and, if possible, removed, and the increase or the future production of idiots prevented.

Not knowing what are the necessary causes of this condition, we must be content with learning what are the preceding or co-existing events or circumstances, that, by their general or universal precedence to, or connection with idiocy, may be presumed to stand as causes. In this matter, Dr. Howe has done a good work. Without pretending to settle this question beyond all doubt, he has thrown much and valuable light upon it. He inquired into the history and condition of each case. He ascertained the character and health of the parents, the early and subsequent health of the subject, his or her organization and propensities, his or her habits, exposures and indulgences; and the result of each inquiry is stated in the table of his report.

The causes which produce idiocy—which prevent the development of the ordinary mental and physical powers, that are essential to normal life, or impair or extinguish them after they have become partially or entirely developed—are probably many and various.

The first thing to be observed is the "low condition of the physical organization of one or both parents."

It is not our intention now and here to give a dissertation on hereditary character or the transmission of qualities from parent to child. This subject requires more time and space than we now can give to it. Yet we hope ere long to see it discussed in all its bearings here or elsewhere, and the connection of generations explained so clearly, that the world may be warned and

put on its guard against every habit or action that may prevent the perfectness of health in the children.

We would merely say in passing, that we believe that parents can give to their children no other qualities or powers than those which they themselves possess, and that, whatever may be the condition of either parent when the germ, or the element, or the pabulum of life is given to their offspring, that condition or the peculiarity of organization which is susceptible of that condition will probably be transmitted to the child.

Dr. Howe has great faith in this principle, and rests much of his argument and explanations upon it; and he has shown so many facts to corroborate it, that it is not easy to withhold our confidence in his reasonings and conclusions. He says, "if ever the race is to be relieved of our tithe of bodily ills which flesh is now heir to, it must be by a clear understanding of, and a willing obedience to, the law which makes parents the blessing or the curse of the children; the givers of strength and vigour, and beauty, or the dispensers of debility, and disease, and deformity."

We have already shown, that very few of these idiots, whose history was ascertained, were the children of healthy parents. If they inherited any constitution from their progenitors, it was a feeble one at least; and in many instances, there was a positive tendency to disease or weakness. Many idiots are the children of idiots or simpletons. Some whole families of these are idiotic, and others are mixed, being in part idiots and in part simple or weak-minded, and others are sound.

Fifty idiots were discovered whose parents were one or both idiotic or insane.

Forty-five parents have each two idiotic children; thirteen have three each; eight have five each; one has five; one has seven; one has nine; and one has eleven.

The report does not say whether, in any or all of these seventy families, there were other and sound children; nor whether in these cases both or only one of the parents were insane or idiotic. Another remarkable fact shows the hereditary tendency. "In fifteen families all of the children of the first marriage were idiotic or puny, while all those born of a second marriage of the surviving healthy parent with a healthy person were sound in body and mind."

The idiotic taint or hereditary tendency may be considered as the remote or predisposing cause which in many persons lies dormant, until it is stimulated to action by other and proximate or exciting causes, and then both together produce idiocy. Or, the hereditary taint, acting alone, may cause only weakness, which under the best influences and education may be counteracted, and thus the child may prove to be merely a weak-minded man; or under other influences, the child may grow to be a simpleton, or have some oddities in his character. But under bad influences, such as the care or neglect of weak, foolish, or wicked parents or associates, the child may become an idiot. In the same family there may be various exciting causes acting on the different children, and producing a corresponding variety of character among them. One child may be merely weak, another simple, a third odd, and a fourth idiotic.

Some of the children of tainted families receive the predisposition to idiocy from their parents, and carry it with them through life; but very careful management and judicious education avert all exciting causes, and these persons pass respectably through the world; yet they may transmit their hereditary taint to their children. Then this third generation, if not as well trained and

guarded as their parents, may meet with the exciting causes and become idiotic. Or, if they pursue the faithful course of their fathers, the taint may still lie dormant in them, and they may escape, but yet possibly transmit the taint to the fourth generation, who may or may not be idiots, according to their education and self-management. In this way we may explain the apparent irregularity of hereditary character, and the reappearance of idiocy, insanity, or other hereditary disease in the third or fourth generation, after the second or third has enjoyed a perfect immunity from it.

Idiocy, therefore, although a hereditary disability, does not affect every successive generation, nor all the collateral branches of the same generation. Hence we find idiocy scattered among the various individuals or branches of the same family, touching some and omitting others. In such families, forty-nine idiots had one near relative idiotic; nine had two; six had three; four had four; six had five; three had ten; and one had nineteen near relations like themselves.

The report does not state how many idiots were examined for this purpose, or whether any, or how many of the other 496 idiots, were ascertained to have no relatives like themselves. We are, therefore, unable to make any deductions from this statement, as to the proportion of idiocy which may seem to be hereditary, or the proportion which may be entirely original in the subject.

Very few idiots marry. This is a blessing, and so far it is a safeguard to the race. Humanity requires that the succession of idiots should be arrested. Yet many weak-minded persons and some simpletons marry and leave another generation more weak or simple than themselves. Some persons who have been temporarily insane or demented marry and send their taint or their liability to one or the other of these conditions down to their children.

But, the most lamentable and certain, though less frequent cause of congenital idiocy is the lasciviousness of some female idiots, whose illegitimate offspring are almost always like themselves, idiotic and lustful.

Some persons, who are irrepressibly addicted to masturbation, are advised to marry, as a means of protection from this ungovernable propensity. This, probably, is very well for them; it generally answers the intended purpose; but it is a cruel thing for their children. It entails upon them, perhaps the same propensity, certainly a feeble constitution; often weak minds, and sometimes idiocy. Twelve of these idiots are the children of parents who were thus married. The other children of the same families, if there are any, if not idiotic, are probably feeble in body and mind, and enjoy a lower degree of life than the children of better or more healthy parents.

The near relationship by blood of the parents seems to be the cause of, or, at least, it is the precedent fact to many cases of idiocy. We do not suppose that this connection is, of itself, the cause of idiocy. But if there are any weaknesses, or defects of body or mind, or tendencies to disease, or oddities in the family, they may be overpowered, or cease to appear, in the next generation, if those who have them marry with strangers, and mix their blood and life with those who have not these peculiarities: and thus the children may escape the imperfections or liabilities that otherwise might have been entailed upon them. But, when two persons of the same blood and character unite together in marriage, their peculiarities are doubled in power by being combined in their children; and the odd or weak traits, which were subordinate in the parents, may predominate in their offspring.

In the course of this inquiry the parentage of 359 idiots was ascertained. In seventeen families the parents were near blood relations. In one of these

families there were five idiotic children born; in five, four each; in three, three each; in two, two each; and in six, one each. In these seventeen families ninety-five children were born: forty-four idiots, twelve scrofulous and puny, one deaf, and one a dwarf; fifty-eight in all of low health or imperfect, and only thirty-seven of even tolerable health.

The parents of Nos. 59, 60, 250, 251, were cousins, and had, besides these four idiot children, four that were deformed.

Intemperance of parents.—The habits of the parents of 300 of the idiots were learned, and 145, nearly one half, are reported as “known to be habitual drunkards.” Such parents give a weak and a lax constitution to their children, who are, consequently, “deficient in bodily and vital energy, and predisposed, by their very organization, to have cravings for alcoholic stimulants.” Many of these children are feeble, and live irregularly. Having a lower vitality, they feel the want of some stimulation. If they pursue the course of their fathers, which they have more temptation to follow and less power to avoid than the children of the temperate, they add to their hereditary weakness, and increase the tendency to idiocy in their constitution; and this they leave to their children after them. The parents of case No. 62 were drunkards, and had seven idiotic children.

Seven of the congenital idiots were the children of prostitutes; seven others were illegitimate.

The *condition of the mothers during gestation* may have some influence upon the health and character of the offspring. The commissioners made inquiry as to this matter in regard to as many as possible, and discovered that two of the mothers of the idiots were insane, two were drunken, sixteen were sickly and feeble, and seven of these last suffered from fright, one had fits and received a blow on the abdomen, during their pregnancies, and another suffered from violent parturition. All the children who were born from these gestations were idiots from birth, with the exception of two, whose mothers were sickly, and one whose mother was injured. These three became idiots afterward.

Attempts to procure abortion may be injurious to the child, even though it be carried through, and safely delivered at the end of the full period. At least seven children were made idiots, says the report, by these unsuccessful attempts. Young women thus sometimes try to get rid of their burden, or conceal their shame; not succeeding, they afterwards marry, and the child is born at the proper time, but is idiotic. Other children are successively born of the same parents, and give no evidence of ill health or unsoundness of mind. Several cases of this kind are among those alluded to. One woman had seven sound children, and another had six, born in wedlock, though the oldest child of each of them, upon whom abortion was attempted, was idiotic.—*2d Report*, p. 90.

Looking upon idiocy rather as a deficiency of power, or as a disability, than as a disease—as a negative, rather than as a positive condition—it is easy to suppose, that it may be produced by a single cause, or by the co-operation of several causes which would not individually be sufficient to produce this condition, yet each may contribute its portion of influence to produce this deterioration of mental and physical power, and aid in making the child an idiot. Case No. 89 is an idiot of the lowest kind. He cannot walk, or hardly creep; he cannot feed himself with a spoon; nor can he speak. He has, apparently, no intellect. His father was intemperate, and was nearly related to his wife by blood. Her family was tainted with idiocy, as she had an idiotic cousin. She was much terrified and distressed in mind during the

early part of her pregnancy, and was sick, and carried her child with much difficulty through the latter part, and, "finally, her confinement was very long, protracted, and painful." Possibly, any one of these circumstances,—the intemperance, hereditary taint, intermarriage of relatives, the fright, illness, or difficult parturition, occurring alone, would not have produced idiocy in this case, for the same parents had other children that were not idiotic; yet any one of these may have the effect very materially to diminish what would otherwise have been the bodily and mental vigour of the child, to lower his tone of life, and carry him so far toward idiocy: and thus the added or combined effect of all these depressing causes may be sufficient to produce the idiocy that was manifested in the offspring.

If, as we have supposed, the parents can give to their offspring no other constitution than that which they possess at the time when they impart their life to the child, then the low organization, the ill health, the folly, the wickedness of the parents, or whatever reduces their power of body or mind below the normal standard, must prepare the way for a still greater deterioration or lower degradation in their children. If, then, these hereditary weaknesses in the children are not overcome by proper training, or, if their hereditary tendencies are not resisted and counteracted by the force of proper education and management, by the cultivation of the highest health, and the avoidance of every depressing cause acting on life, and of every exciting cause of disease or idiocy, these children will transmit to the next generation a lower degree of life.

These causes existing in the parents produce idiocy in the children, or that feeble and imperfect organization upon which, when other exciting causes may be added, idiocy may supervene.

Besides the hereditary taint or depression of constitution, there are many personal causes which operate directly upon the subject, and produce original idiocy in him.

Masturbation appears to be the most prominent among these depressing causes. The habits of 389 idiots were examined in regard to this matter; and 204, more than half, were found to be addicted to it. And, what is still more worthy of notice, several children—two of four years, one of seven, two of eight, five of nine, one of ten, two of eleven, three of twelve, and one of thirteen, seventeen not yet fourteen years old, were given to this disgusting and exhausting habit. No. 447 is stated to have been "healthy and intelligent until taught masturbation at six." No. 343 is only nine years old, and has been addicted to "masturbation *many* years."

In some this habit is irrepressible, and in some it is "openly and shamelessly indulged." It does not always cease with youth, but is, in many, continued far beyond the middle age; eight idiots between 50 and 60, nine between 60 and 70, one 78, and one 80 years old, are reported as still addicted to this vice.

The venereal appetite, either from original organization, or from frequent provocation and indulgence, is very strong in idiots. Besides the many who are reported as masturbating, or as open prostitutes, fifteen are reported as "very lustful," or given to "excessive venery;" and even four idiots, who are more than 60 years old, and one nearly 70, indulge in this vice. One of 63 is given to "shameless venery," and another of 64 is "still lustful to excess."

Intemperance and fits are also prominent among the supposed exciting causes of supervened idiocy.

These habits and conditions of the parents and progenitors of idiots and of the idiots themselves, are thus stated, not as the entire and unquestioned

causes of their present low state, but as the probable causes, and such as are supposed to be so by the families or acquaintances of the idiots.

Besides the several items which are arranged in forty columns and registered against each individual, as before stated, there are also some other remarks, which could not be so easily classified. We are unable to give any farther analysis of these, and yet we offer some quotations as specimens.

"No. 57. Supposed cause, violence during parturition, sickly gestation; subject to fits till 14.

58. Supposed cause, drunkenness of mother in gestation.

59. { Parents related, and subject to insanity. Of 8 children, 4 are
60. { idiots, and 4 deformed.

61. Parents intemperate.

62. Parents related; had 16 scrofulous children, 3 of them idiots.

63. Brother to 403; parents drunkards.

64. Supposed cause, sickly gestation.

65. Father drunkard; and mother scrofulous.

66. Parents scrofulous and sickly."

"162. Deformed, gluttonous, and pachydermatous.

163. From masturbation and gluttony.

164. Insane and intemperate at 20 years of age.

165. Full of sores, and always puny; skin pachydermatous.

166. Salivated in infancy; effects still continued.

167. Mother had fits during gestation, and received a blow upon abdomen.

168. Mother and grandmother scrofulous; nephew to above.

169. Fits in childhood, and formerly a drunkard.

170. Mother a simpleton. He is given to masturbation and venery.

171. Scrofulous and deformed; growth of bones arrested early.

172. { The parents of these were simpletons, cousins, and drunkards;
173. { have 4 children foolish."

"339. Father, drunkard; and the race all scrofulous.

340. Mother, insane; cousin, idiotic.

341. { Brothers; only children of a scrofulous mother and a drunken

342. { father; masturbation and fits from 10 years old.

343. Father, intemperate; masturbation, many years.

344. { Masturbation; very scrofulous breed.

345. { Brother of the above.

346. Very scrofulous breed.

347. Gluttonous; parents intemperate; mother a prostitute; sister a simpleton.

348. Very scrofulous mother; father has healthy children by another wife.

349. Father, drunkard; full of scrofulous sores."

These show from what a low and degraded race most of the idiots have sprung, and what is their wretched condition now. Idiocy is thus so generally connected with, or produced by, the depressing causes acting on the health and life, with the exhausting habits, circumstances, or exposures that have nearly or remotely gone before it or immediately coexist with it, that it may be considered as merely the last step in vital depression.

In the long line of humanity, there are infinite numbers of degrees, from the highest, where is perfect health of body and mind, to the lowest, where is idiocy. Whatever wasting habit, circumstance, or exposure, such as intemperance, debauchery, gluttony, or other depressing cause, acts upon a person standing in any of these degrees, exhausts some of his vital power, and carries him downward, more or less, toward idiocy, and he is thereafter a lower man, weak-minded or simple, or foolish, or idiotic, according to the force and protraction of the depressing cause or causes.

It is to be regretted, that this commission could not have extended its inquiries through the whole state, and revealed the full extent of the misery and degradation that have thus fallen upon humanity. But this investigation was established only for a definite purpose, which was to ascertain the number and condition of the idiots, and also whether these could be improved, and whether enough of them were teachable, to justify the establishment of a school for them by the state. The government justly inferred, that the five hundred and seventy-four idiots, who were examined, and whose condition and character were learned, were sufficient to indicate the character of the whole, and, therefore, discontinued the commission, and proceeded to provide the means of educating them.

Low and disheartening as is the picture which we have here given, of the mental and physical condition of idiots, it is not without hope. Dr. Howe thinks that almost all of them—488 out of 574—are capable of improvement, to a greater or less extent.

Two strong inducements for public action or interference to relieve or diminish idiocy now present themselves. 1st. The enormous expense of supporting fourteen hundred persons—about one-five-hundredth part of the whole population of this commonwealth—in a state of idiocy: and 2d, the motives of humanity, to give, if possible, to these wretched creatures some idea of responsible life, some means and power of self-sustenance, and some self-respect.

There are two modes of action pointed out. One attempts to remedy or mitigate the evil by educating such of the idiots as can be provided with the means; the other strikes at the root of the future idiocy, and endeavours to remove the causes and prevent the recurrence of the disability hereafter. But we must confess, with great pain, that weighty as is the task to do the first, greater and more hopeless is the last. It is far easier to teach these stupid idiots, even to create intellect where it does not seem to exist, than to reform the morals of men and women, whose habits or indulgences lead to idiocy in themselves, or in their children, or to impress upon the world the necessity of looking only to the interests of the next and future generations in their marriage contracts, and in the management of their own persons.

The extinction of idiocy must be a work of ages. Nevertheless, it can be accomplished in the course of time. The causes that weaken or corrupt the human constitution and produce ill health or tendency to idiocy, or idiocy itself, may be removed. The successive generations of the weak, the unhealthy, and the tainted, may be each improved, and raised, and strengthened in some degree. By carefully educating the children of the feeble and corrupted families, by guarding them against the errors of their parents, by teaching them to avoid the exciting causes of idiocy, the hereditary taint may be kept dormant, and even diminished, until finally, through the course of successive generations, it shall be extinguished, and hereditary idiocy appear no more.

For the education of idiots there is encouragement to hope. The experiments which have been made in France, Switzerland and Prussia, prove, that many of these, who otherwise would be idiots of a low order, may, by proper training, be raised to such a condition, that they may live in, and enjoy the comforts of, their families, and that others may be made self-dependent and pass respectably and happily through life.

This, however, requires a peculiar kind of training. The usual influences of home, and especially of the ordinary homes of idiots, and the teaching and discipline of common schools, are not sufficient for the education of this class.

of persons; they must have schools, teachers, and apparatus peculiarly adapted to their capacities and powers.

We believe that there were, until lately, no such schools in America, and that all the idiots of this continent were left to grope their way in their original darkness and degradation, except a few rare cases whose intelligent parents provided the extraordinary and proper means for their education.

The Legislature of Massachusetts, at its last session, after receiving these reports from Dr. Howe, appropriated the sum of twenty-five hundred dollars annually for three years, to educate ten idiots, in order to try the experiment; and the whole was placed under the general direction of Dr. Howe. Mr. James B. Richards was selected as a teacher, and went to Europe to visit the schools which are there in progress, and to learn their method of training and educating idiots. Mr. R. returned in September last, and in October opened his school at Boston with four idiots, and has now nine.

Although nothing decisive as to the extent of the power or the capacity of idiots, can be inferred from this small experiment, and the short time during which these few have been under discipline and instruction, yet enough has been done to show that even these stupid and apparently unimpressible children can be roused, and taught and influenced.

To form any proper notion of their progress, it is necessary to know their condition when they came to the school. One boy of 14 was brought from a poor-house, where he had always worn women's clothes. He is now dressed as other boys are, and enjoys his new garments, and uses them as properly as they do. He could not go up or down two steps, without getting upon his hands and knees; now he walks up and down, though with some hesitancy, in the common manner. Five of these boys had no control of their urinal or alvine evacuations; now they control them during the day, and mostly during the night. They could not be trusted to feed themselves, and some would steal food from the kitchen, or elsewhere, and one would devour the offal that was set aside for the swine. Now, they all eat as other boys, under the supervision of their teachers, who determine the quantity of their food. One who had no use of his feet can now walk with assistance. Within the first month, one boy of 9 years learned to throw wood from the ground on a pile, and another made still farther progress, and learned to pile it straight, laying the sticks parallel with each other. They learned to climb a ladder on the under side with their hands and feet, and when they reach the top, they can turn around one of the rails to the other side and return by the upper surface. They could not walk on either side of the ladder when they entered the school in October.

They had no conception of numbers, or of the size or form of objects. Now some of them can count as far as *six* or *seven*; they understand the difference between a square and a round object, and will select a quart or a peck, or other measures, when asked to do so.

In their whole appearance and manner, there is more of self-respect and intelligence, and activity, and one cannot fail to observe the very great difference in the expression of their countenance, when comparing their daguerreotype likenesses, which were taken when they entered, with their faces as they now appear.

It will not be suspected, that we make these statements as proofs of great success or progress, but only to show that the beginning of the experiment offers sufficient encouragement for perseverance; that the idiot's mind is not entirely blank; and that he is not, like the brutes, immovably fixed in present low rank, and irrecoverably doomed to remain there in darkness and degradation forever.

E. J.

BIBLIOGRAPHICAL NOTICES.

ART. XII.—*A Paper on Epidemic Meningitis*, read before the Medical Society of Montgomery, Alabama, in 1848. By S. AMES, M. D. 8vo., pp. 58.

In this well drawn up paper, Dr. Ames has presented an interesting account of the epidemic cerebro-spinal meningitis which prevailed in Montgomery, Alabama, in the winter and spring of 1848.

The term cerebro-spinal meningitis he considers not to be strictly applicable to the epidemic described by him; the symptoms and morbid anatomy of the malignant forms especially, showing that the substance of the brain, if not of the spinal marrow, was almost invariably involved. He believes that there are good reasons for supposing that the same was the case in the epidemic form of the disease as it occurred in France. Thus MM. Tourdes and Forget mention the existence of hyperemia of the brain in, Dr. A. believes, every instance in which the condition of that organ is noticed. While the occasional observation of one of the products of inflammation, viz. softening, and in all the fatal cases, the occurrence of symptoms, such as abnormal sensibility and muscular motions, delirium, coma, &c., which, being observed in a disease having a constant excess of fibrine in the blood, may be considered as unequivocal evidence of inflammation of the nervous substance—at least so long as there is no proof that simple meningitis can produce them.

Dr. Ames commences with an account of the *anatomical characters* of the disease, drawn up from notes taken in eleven cases.

Brain.—The dura mater was the seat of abnormal vascularity in two cases—in one there being merely an abnormal development of vessels on its upper and lateral surface, on the left side; in the other there were red patches on both sides, and along the entire course of the longitudinal sinus, and also upon the portion covering the frontal bone just above its orbital plates—the number of patches being greater on the right side. This appearance occurred upon the arachnoid membrane in one case only—in which there was a very delicate pink or carmine tint diffused over it, while its usual polish was unimpaired. The pia mater exhibited abnormal vascularity in every case. The vessels crossing the convolutions were uniformly red, numerous, and large in size; in several instances many of them were a line or even more in diameter. At the base of the brain and on the cerebellum the red vessels were equally numerous, but less in size. They were also found in great numbers on the walls of the ventricles, accompanied, occasionally, with spots of capilliform injection, resembling ecchymosis to the naked eye. In different subjects, spots of red ecchymosis were observed on the lateral walls of the third ventricle, the anterior wall of the fourth and in the posterior horn of the left lateral ventricle. They were also seen, in several cases, on the upper surface of the hemispheres, and on the cerebellum.

On cutting into the substance of the brain, besides the red points commonly present in cases of congestion and inflammation, there was invariably found an infinite number of red vessels, containing sometimes fluid, at others coagulated blood. These enlarged vessels occupied different parts in different subjects—in but one case were they absent in the hemispheres. They were seen, likewise, upon removing the membranes, ramifying over the base of the brain, and the floors and walls of the ventricles, as well as on sections of any of these parts. The gray and white matter had a pink colour, dependent on the presence of vessels that were separately visible—which, although never entirely absent, occupied different parts in different subjects. In two cases, the medulla oblongata was clotted interiorly with dark ecchymosed spots. Of these alterations the cerebellum partook, to a greater or less extent, in every case.

Circumscribed portions of the membranes were softened in seven cases—in four, on the exterior of the brain, including the inferior surface of the cerebellum, and in the remaining three, on the floor of the lateral ventricle.

In nine cases the brain itself was softened; in seven, in some part of the hemisphere, chiefly in the cortical; in three, in the medulla oblongata and pons varolii; in five, in the fornix and septum lucidum; in one, in the walls of the third ventricle and canal leading to the fourth; in another in the corpus callosum and outer semi-circular rim of the left corpus striatum; in another, in the optic nerves, the commissure and the tractus opticus—in two cases, in the crus cerebri, and in one, in the cerebellum.

The arachnoid membrane was thickened and opaque, where it covers the anterior sub-arachnoidean space, in three cases, and where it covers the posterior sub-arachnoidean, in one case. There was an appearance of thickening in other places, but this was not certainly ascertained by separating the membrane from its connection.

In ten cases there was an effusion of yellowish-coloured matter, showing under the microscope an abundance of pus and lymph globules, on some portion of the membranes covering the exterior surface of the brain. In the greater number, enough of the effused lymph was coagulated to give some cohesiveness to the morbid product, but not enough to give it the appearance of an organized membrane. In appearance and consistence it resembled a very loose coagulum of fibrin. It was always found beneath the arachnoid membrane. In some cases it was so diffused as to look like a coating of cream upon the hemispheres; in others, it was confined, on the convex surface of the hemispheres, to the course of the large vessels between the convolutions. At the base of the brain it was in the greatest quantity, and met with, most frequently, about the optic commissure—it was here never absent. In one case it was found only at this part—the interstices of the convolutions being occupied by a serous fluid containing a few pus globules. In several instances, it projected from the arachnoid membrane into the sub-arachnoidean spaces, a line or more in thickness, and once the anterior cavity was occupied and even distended by it. It was found, also, on the corpora quadrigemina, the medulla oblongata, and around the third pair of nerves, where they penetrate the arachnoid membrane. The exterior surface of the cerebellum was frequently the seat of this deposit.

In nine cases there was an effusion of fluid into the arachnoid cavity. With this effusion, pus globules were mixed, in uncertain proportions, in every case in which they were sought. In two cases the effusion consisted chiefly of pus, mixed with blood globules. In the case in which the arachnoid membrane had a pink colour, a small quantity of the effused fluid, after standing a short time, coagulated. In one case, the cranial portion of the arachnoid was the seat of an organized false membrane. In some places this was soft, and adhered but slightly to the true membrane; but in other places, and in large patches, it was quite as strong as the arachnoid at the base of the brain, and adhered with a good deal of firmness. Its colour was rather a dingy pink, and from its surface, everywhere, pus could be scraped. In four cases, a morbid effusion was found in the lateral ventricles—in one, it consisted of a cream-coloured layer, semi-fluid, on a part of the left corpus striatum; in another, there was about a drachm of a greenish-coloured pus; in another, serum turbid from flocculi; and in another serum mixed with pus and blood.

Concrete fibrin was found in the vessels of the brain in several cases, viz: in the internal carotids, in two; in the basilar artery, in one, [a dark coagulum of blood was found in this artery in one case, and black fluid blood in another;] and in the longitudinal sinus and veins leading to it, in one; the concretion in this case occupied the entire length of the large vessel, and extended from it into the smaller vessels, from which threads of fibrin were drawn out to the length of several inches.

So far as the spinal cord was examined, the lesions, generally speaking, were the same as those met with in the brain in the same cases. The intense vascularity of the pia mater was always present, but the lympho-purulent deposit and the injection of the cord proper, were less common than in the brain. The spine was opened in its whole length in one case only. In this the dura mater

had the colour of muscle, which was uniformly diffused over every part of it, the internal surface being divested of its polish. It was thickened, also, in its whole length, but not equally; its arachnoid covering was also thickened in the parts which were separately examined after maceration. The cervical portion of the cord was softened in every part; presenting, in colour, various shades of white, yellow, and red—the filamentous portion exteriorly being reduced to a disorganized pulp, which came off with the pia mater, and adhered to the finger when touched; the colour of this part, without being brilliant, was a pure and beautiful white. This alteration was found principally in the upper part of the cervical expansion of the cord; nearer the dorsal portion, where the softening was rather less, the colour degenerated into a dingy yellow of several shades. The vesicular matter of this part of the cord was less altered than the fibrous. Although much softened, it would bear division with the scalpel; its colour, in some parts, was purplish, and in others, a more or less dull red. Besides this general colouring, a transverse section of the firmest part showed a number of red and dark spots and striæ. In the dorsal division, the gray matter was more softened than the white, the softening becoming more decided in proceeding downwards. The pure white colour was not observed in this division; the yellow tinge predominated, intermingled, here and there, with shades of dull red. The deposit of lympho-purulent matter was found chiefly about the roots of the anterior cervical nerves, being decidedly greater on the right than on the left column.

Abdomen.—In other parts of the body no lesions were observed, which seemed to be other than accidental, or particularly worthy of note, except those found in the digestive tube, and mesenteric glands. Here the alterations were so constant as, even in the few cases examined, to denote something more than a casual complication. The abdomen was opened in five cases. In all of them the mucous membrane of the stomach and ileum was reddened, thickened, and softened, to a greater or less extent. In the stomach, this alteration was found mostly in the smaller curvature, about the cardiac orifice; the parts immediately about the pylorus were not observed to be softened in either case. In the ileum, the examination was confined to the lower part, in extent from one and a half to four or five feet. In all but one, the membrane was most altered in that part nearest the cæcum; in the case excepted, the membrane was equally affected throughout the portion examined—about five feet; in four cases, including the latter, there were lesions of the agminated, solitary, and mesenteric glands. Enlargement of the first—with, in one case, their destruction by ulceration. The mesenteric glands were enlarged, red, and, in one case, softened.

Blood.—The blood taken from the arm, and, by cups, from the back of the neck, coagulated rapidly, forming a large and loose coagulum, in which all the corpuscles were rarely included. The serum separated from it very slowly, and in small quantity. The colour was generally bright—in a few cases, nearly approaching to that of arterial blood; it was seldom buffed. In thirty cases it was buffed only in four. It presented an excess of fibrin.

Symptoms.—Dr. A.'s analysis is taken from the notes made in sixty-four cases.

Mode of Access.—Premonitory symptoms occurred in forty-three cases. In all of these, pain of the head was a prominent and constant symptom; but was not so acute as after the attack was formed, excepting in cases where the premonitory symptoms were followed by a comatose state. The pain was generally continuous, but occasionally remittent or intermittent, with or without regular periods. It was seated commonly in the forehead, temples, over one or both eyes, or in the occiput. Sometimes it occupied the whole head, but was most acute at the occipital and frontal regions. In persons who had been subject to attacks of sick headache, the premonition assumed this form—it was only in such cases that nausea and vomiting, as a premonitory symptom, was observed. In some cases, to the pain in the head, were added pain along the course of the spine, particularly in the neck; soreness in the muscles or joints; facial neuralgia; and, very rarely, giddiness, with or without dimness of vision. The strength was but little impaired—but little complaint of a feeling of general malaise; persons seldom ceased from their ordinary occupations, before the

attack was fairly begun. Generally the appetite was but little affected; but, occasionally, it was lost or greatly diminished. In a few cases, the disease was developed in a relapse from intermittent fever, during the cold stage of the second paroxysm. The duration of the premonitory stage was very various, and afforded no indication of the severity of the ensuing attack. In eleven cases it lasted less than twelve hours; in eight, twenty-four hours; in five, two days; in six, three days; in four, four days; in three, five days; in one, six days; in three, seven days; and in two, over seven. In nineteen out of twenty-seven cases, the full development of the attack began between 12 M. and 12 P. M., including the former, but not the latter.

Mode of Attack.—In twenty-eight cases, of which eighteen have had premonitory symptoms, the disease was ushered in by some degree of chilliness, never amounting to rigor. The chill was followed in a few minutes, sometimes not for half an hour, either by a decided febrile reaction; a state of stupor more or less profound, with cool skin and feeble pulse,—or this condition of skin and pulse, without stupor. When there was no chill, the attack commenced by the sudden occurrence of a state of coma or apoplexy—a degree of stupor not amounting to coma, accompanied by a feeling of excessive debility, giddiness, dimness of sight, or double vision; or, by a sudden aggravation of the premonitory cephalalgia, accompanied by various changes in the condition of the pulse, skin, &c.; while, in a few cases, the premonitory headache increased gradually, day by day, with but little change in the skin or pulse, until at last the patient was compelled to take his bed.

The *state of the skin* was noted in fifty-seven cases. It was *dry* on the first day, in 42; having the natural temperature in 14—below this temperature in 17; and above it in 11. It was *moist*, on the first day, in 15; having the temperature natural in 4; below the natural in 3, and above it in 8. The dryness sometimes predominated throughout the attack, when it ran its course quickly. In these cases, it proved very unyielding to remedies, particularly so to emissions of blood. In several instances, patients were bled to the verge of syncope, and this repeated within an hour or two, without affecting it. In more than one instance, death took place, the skin continuing dry in the moribund state. Generally, however, the state of the skin varied a good deal in regard to dryness and moisture, in the progress of the disease; being dry or moist at different periods of the same day, or on different days, without any regularity, or apparent dependence on the action of the heart. The temperature was less changeable—frequently remaining without change during several days, and but rarely was any observed on the same day. The change in temperature seemed to follow certain changes in the pulse, from a weaker to a more active state. There was never pungent heat of skin; even when above the natural temperature, in most cases, it was still below ordinary febrile heat. The head was never warmer than the trunk—the extremities were very seldom cool when the head and trunk were warm. When the skin was generally cool, it was always cooler, or positively cold, on the feet and hands. In some cases, the skin was abnormally sensitive to the touch, particularly on the extremities—the scalp was sore in only one case. An eruption around the mouth (herpes labialis) was observed in three cases. Purple petechiæ, which did not disappear upon pressure, occurred in one case. In some cases, the face was flushed, and the skin clear; in others, the face was pale, and the skin sallow; the lips were always deeply coloured. In one case, at the beginning of the attack, the skin had a peculiar shining aspect.

The *pulse* was, in general, slower, smaller, and softer, on the first day, than in health, and very irregular in the number of its beats, the intervals between them, and their force, in the same, and in different subjects. The softness of the pulse was its most constant feature; in but one case was it corded or hard; it very rarely rose above its natural fullness. A pulse quicker than in health was still less common. In general, it was slower on the first day than afterwards; in the greater number of cases it was below 56—in many below 60, in others below 50, and in several below 40. The irregularity in the number of beats to the minute was remarkable and characteristic. In one patient it was 76 at 10 A. M.; 96 at 12 M.; 68 at 5½ P. M.; 96 at 9½ P. M.; 76 at 9¾ P. M.,

and so varying on the second day between 120 and 150. On another occasion, the pulse on the first day continually varied, during several hours, to some figure between 30 and 76. In a single case, the pulse, strong, steadily at 100, continued throughout the attack, which lasted three days, until half an hour before death, the period at which it was last counted. The slowness, softness, and irregularity of the pulse were observed in the very mildest attacks, as in the more violent or malignant; while, on the other hand, its smallness and feebleness were but little marked in the beginning, and during the progress of some of the most malignant cases.

In the more grave and malignant form of the disease, the *tongue* was broad and flabby, sometimes filling up the mouth so as to impede articulation, and becoming, by its pressure upon the teeth, indented around its entire edge. In one case, the tongue was so enlarged as partly to protrude beyond the teeth, and in a few others, the pressure produced on the thick edges, anteriorly, a line or raphe, as in the gums of the infant. The thickening and elongation were apt to increase shortly before death. The tongue was often coated over the whole of its free surface, always over the whole of the dorsum, and a part, at least, of its edges. The coating was usually of a pale ash or white colour, but sometimes yellowish; it was thinnest at the tip and sides, and became thicker backwards and towards the centre. When the coating began to give way, its edges became abrupt, and the clean edges of the tongue assumed the bright pink colour belonging to the alteration next to be described. There was always an abundant *flow of saliva*, generally more viscid than in health, and sometimes of the consistence of thick mucilage.

In other cases, the tongue was less obviously enlarged—it was generally broad, however, but not often thickened or indented by the teeth. It was always coated—but this never extended over more than three-fourths, sometimes one-half of the dorsum; it was very thin in front, and generally became thicker as it extended backwards. The uncovered parts, particularly the end and sides of the anterior two-thirds, had a bright pink colour—very peculiar and striking. As the disease advanced towards a fatal conclusion, it was not uncommon for the tongue to assume the condition first described. The tongue was never dry on the first day. In five cases, it became dry on the second, third, fifth, sixth, and seventh days.

Cephalalgia was absent throughout the attack in only one case in which there was sufficient consciousness to answer the questions proposed. Persons who had suffered from spasmodic or neuralgic headache, declared the pain in the disease under consideration as of a different character. Some described it as a continued painful roaring—others as a fullness and tightness, as though a band were tightly drawn around the head; or as if the forehead, crown, or sides were being crushed inwards. A greater number described it as darting and throbbing, frequent shooting through the head from behind forwards, and from side to side, with a violence causing the patient to cry out. In some, it occupied the temples, superciliary ridges, and frontal region; in others, the back of the head only. In the larger number it was felt over the whole head, being most violent in some one of the places mentioned, or under the parietal bones. The intensity of the headache was not proportioned to the severity of the other symptoms. In some of the worst cases, the sense of pain appeared to be obtunded by the oppression of the brain; but it was slight also in cases of equal malignity unattended by coma; while in some of the mildest cases the pain was most intense. It seldom continued during the attack, but disappeared towards the close of the first, or on the second, third, or fourth days, generally to return after an uncertain interval. It was generally aggravated by an erect or semi-erect posture—in two instances, however, such a position afforded great relief. In a number of cases the pain was aggravated by pressure upon some part of the spine, chiefly the cervical.

Giddiness was rarely complained of after the first few hours of the attack. It occurred in but few cases, and was never a prominent or important symptom.

The *conjunctivæ* were generally injected—the eyes glittering and watery. In a few cases, chiefly among children, the conjunctivæ had a pinkish tint, without the appearance of distinct vessels. The pupils were dilated in seven out of

forty-one cases; in the others, they were either contracted or natural. In three cases they were insensible to light from coma, and in two without loss of consciousness. In both these last perfect vision was restored in a few hours; the patients died apoplectic. Double vision occurred in six cases; photophobia, in six cases; in a number of others, the ordinary light was disagreeable, but in far the greater number, the strongest light was not complained of.

In several cases, there was a profuse discharge from the nostrils of thick mucus, alone or mixed with blood. In one patient the sense of smell was lost in one nostril; in a few there was spontaneous deafness; in one of these the deafness occurred three times on the second day; each time lasting about three hours, with intermissions of about the same duration.

Some degree of *stupor*, amounting, generally, to *profound coma*, was present on the first day, in eighteen cases; in a few others it appeared on the second or third day. Most commonly, this symptom passed off within twenty-four hours, but in some cases not for two or even three days; generally to return at some subsequent period, varying from twelve hours to several days. Sometimes there was no return of it, though the disease was protracted to many days—there were cases again—those proving speedily fatal in which it did not remit. *Delirium*, with or without stupor, occurred, at some period of the attack, in twenty-four cases; it was never continuous, sometimes lasting but three or four hours, and rarely more than twenty-four. It was wild and furious in two cases, and playful in one; in a few, it was melancholy and pathetic. The mind was generally desponding and apprehensive. In all the more violent cases, there was forgetfulness of the events which transpired during the attack, frequently from day to day, and this whether delirium and stupor were present or not.

The patient generally laid upon his back with the lower extremities extended. In two patients, both comatose, a position was taken on the right side, and maintained with great pertinacity; in another in which there was continued opisthotonos, the patient for several days lay upon the chest and abdomen, with the head thrown backwards; in other cases, when the head was thus drawn back, the decubitus was on the side. Tonic contractions of the extensors of the back, with retraction of the head, occurred in three other cases. Retraction of the head was observed in a number of patients, without the extensors of the back being affected. The muscles of the neck, when not in a state of tetanic contraction, were stiff and sore in thirty-five cases. In a few, the stiffness was confined to the sterno-mastoid muscles of one or both sides; but in others, the extensors were principally concerned, the head being kept steadily in its natural erect position, either involuntarily, or voluntarily as the easiest position.

Quivering of the muscles of the face, tremors of the hands, and embarrassment of the movements of the arms, tonic contraction of the flexors of the forearm, and of the recti-muscles of the abdomen, were, one or more of them, observed in some cases; subsultus tendinum, picking at the bedclothes, and reaching after imaginary objects, with other typhoid symptoms, occurred in three protracted cases. Strabismus occurred in nine cases; convulsions, coming on towards the close of the attack, in three cases; and at the beginning of the attack, in one case. An incomplete paralysis of the right eyelid occurred in one case, and of one entire side of the body in another—one of the mildest, in which the previous symptoms indicated no serious affection of the brain or spinal cord. In a few cases, there was a general soreness of the muscles, causing a great deal of pain in moving.

Pain in the cervical portion of the spinal cord occurred in twenty-three cases; in the dorsal in eleven, and in the lumbar in six. In all but two the pain was slight, the patients making no mention of it until they were questioned, and others complaining of it less than in ordinary remittent fever. Pressure applied to the cervical portion of the spine produced pain in the head, frequently darting to the forehead, eyes, and temples, in twenty cases. In two, during a state of deep coma, pressure on the upper dorsal vertebra occasioned great restlessness and apparent distress. Pressure on the cervical vertebra produced also pain at the top of the sternum—on the dorsal, pain in the middle of the sternum, at the epigastrium or about the umbilicus, as it was made higher or lower. Sometimes pain was not experienced in the part pressed on, but only

at one of the places mentioned above. The pain was often violent, and continued sometimes for several minutes.

Vomiting occurred in fifteen cases. In the beginning of the attack in two; at a later period, on the first day, in eight—not till the second day in three, and not till the third day in two. There was *nausea* without vomiting in three cases; one on the first, and the two others on the third and fourth days.

The *bowels* were either natural or constipated in all but one case, in which diarrhoea occurred on the sixth day, probably from the use of tartar emetic for a pneumonic complication. There was acute pain in the abdomen in three cases, and tympanitic distension with tenderness on pressure in one occurring on the third day.

Desire for food, more or less urgent, was expressed in eight cases, when it could not be considered a sign of convalescence, or of its near approach. The desire was by some evinced on the first or second day; in others, protracted cases, on the eighth or ninth day. In two or three cases, it was rather urgent, and continued so, in one, for several days.

The *respiration* was without stertor, excepting in two cases. In only five cases was the number of respirations below twenty-one to the minute; in two of them it was twenty, and in one fell as low as eight; in five, it was between twenty-six and thirty; in eight, between thirty and forty; in five, between forty and fifty; and in four, from fifty-two to fifty-six; generally, the breathing was regular. It was *suppurous* in one instance.

The *expression of the countenance* was exceedingly various and variable, affording little or nothing which was available in diagnosis or prognosis. When neither natural nor idiotic, the latter being observed in two cases after they had been long protracted; the various shades of expression were wild, anxious, or distressed, melancholy, heavy, and lastly, but rarely, brilliant and pleasing. Several of these varieties of expression were observed in the same patient at different periods of the attack; occasionally, at different periods of the same day.

Extreme *emaciation* occurred in but a small proportion of even the protracted cases. In the majority of cases, there was none perceptible. In one it took place suddenly, without excessive evacuations, on the accession of an acute and very formidable gastro-enteritis, produced probably by tartar emetic.

DURATION.—The disease continued from fifteen hours to fifty days. Three cases terminated on the fifth day; none on the seventh, and three on the ninth; while there were sixteen which terminated on the second and third, and nineteen on the fourth. Besides these, there were two which proved fatal within the first twenty-four hours, and two which lasted over forty days; one terminated on the fourteenth, and nine between the fourteenth and thirtieth; making fifty-five cases in all.

Dr. Ames divides the cases of the disease observed by him into two general classes. The congestive and the inflammatory.

Of the *Congestive class* he makes two divisions—the malignant and the mild. The affinity of these to each other was manifested by such symptoms as distinguish this class from the inflammatory, viz., the constant presence of a cool skin, a small and feeble pulse, and a characteristic tongue; broad, flabby, and coated with a white, yellow, or pale ash-coloured deposit. The malignant form was distinguished by the frequent occurrence of chilliness in the forming stage; great prostration of strength; the invariable occurrence, for the most part on the first day, of coma, or a very marked degree of stupor, delirium, or stupor and delirium; considerable retraction of the head backwards; embarrassment in the movement of the muscles of other parts of the body; a wider range in the frequency of the pulse, and its more changeable character otherwise—the greater quantity and viscidness of the saliva, and the thicker coating of the tongue, and an occasional tendency to assume the symptoms of the inflammatory class.

Of the *Inflammatory class*.—In this class, Dr. Ames describes an intermediate group between the malignant and the mild, which he terms the *grave*. The affinity of these three forms was manifested by the symptoms which distinguish the inflammatory from the congestive class, viz., the uniform presence of a temperature of the skin above the healthy standard, a full and generally firm pulse, the tongue less swollen and flabby, and less coated. The *malignant* form was

marked by the early occurrence of delirium or coma, most commonly the former; great irregularity of pulse; tonic or convulsive contractions of other muscles than those of the neck; strabismus; occasionally amaurosis; a tendency to nausea and vomiting, and to a speedy and fatal termination.

The *grave* form was distinguished by the regularity of the pulse, never below 100 in the minute, except during a remission—by the contraction of the muscles being confined to those of the neck; sometimes to the sterno-mastoid of one or both sides. By the occasional occurrence of painful sensibility of the skin to the touch, and of the retina to light—by the occurrence of regular remissions, and by the absence of coma and delirium.

The *Mild Inflammatory* form was marked by the lower grade of the febrile excitement—the continuance of a good degree of strength, during the entire attack, however protracted—a tendency to turn into a chronic form—and by the absence of coma, drowsiness, delirium, and a cold stage. The disease was sometimes protracted to ten, fourteen, or even twenty-one days—the patients all the time being able to sit up, and to walk about a little. Even when apparent recovery took place within two or three days, there would still remain some confusion of mind; a sense of tightness across the forehead, or about the base of the brain, from one temple to the other; or, pain in the occiput or neck, upon any unusual mental occupation.

Each of these classes, with its several forms, is illustrated by numerous cases given in detail.

Remissions.—There was observed in very many cases of the diseases of both classes, a tendency to remission, at some period of the attack, varying from a few hours to several days from its onset; and frequently on the second and third days—days on which, also, the greater proportion of deaths occurred. They approached sometimes very nearly to intermissions; at others, they were obscure. Sometimes they were quotidian or tertian, and accompanied by remissions of fever, as if the meningitis were engrafted on an ordinary endemic fever. In other cases there occurred a remission in the cerebral symptoms, without any very obvious change in the febrile state—in others, again, the febrile symptoms remitted or intermitted without any abatement of those of the disease of the brain. There sometimes occurred, most frequently in the malignant forms of the disease, a decided amelioration of all the symptoms of the disease, which was occasionally the prelude of a rapid recovery. This was seldom the case, however, if the attack had lasted more than twenty-four hours; the remission being generally followed, after an uncertain interval of a few hours or days, by an exacerbation of all the symptoms, equal in intensity as before the remission. In a few cases a change of form occurred from the congestive to the inflammatory type—the stupor, coma, cool skin and feeble pulse, being exchanged for a state of reaction, a warm surface, and a full and strong pulse. The remissions were not regular in the inflammatory cases, particularly the grave variety.

Complications.—Inflammation of the fauces was observed in seven patients, five of whom had recently recovered from roseola, which was prevailing epidemically. Two had roseola with the meningitis; three bronchitis, and two pneumonia. Dr. A. remarks, that the affection of the mucous surface of the intestinal canal, and of the mesenteric glands, may be placed under this head, although the existence of the former in every case in which the parts were examined, and of the latter in four-fifths, might justify the inference that a tendency to disease in these parts constituted an essential feature in the epidemic. This point would have been more satisfactorily determined if the abdomen had been opened in all the post-mortem examinations. A typhoid state was assumed at a late period, in three cases. The earliest period at which this was noticed was about the tenth day. Dr. Ames does not consider it as designating a form of the disease in any way connected with its essential pathology. As the three cases recovered, the nature of the intestinal alterations is not known.

Diagnosis.—The symptoms by which the meningitis was distinguished, after some familiarity with the symptoms was obtained, were the following, viz: The cephalalgia, its seat, particularly when in the back of the head, and the peculiarities which distinguish it from other forms of headache. The state of the

tongue, particularly its enlargement, indentation, and gummy or pasty coating, and the bright pink of its edges. The physical characters of the blood—the pain in the neck, and stiffness and soreness in the muscles—muscular tremors, and other embarrassment of motion—traction of the occiput downwards—the state of the pulse, which was valuable as a diagnostic sign in both varieties of the congestive type, but only in the malignant varieties of the inflammatory type—delirium—rigidity of the large extensor of the spine—coma—the state of the pupil, and the injection of the conjunctiva, which last, though not so important as the others, was more constant.

AGE—SEX.—Among eighty-five cases, there were twenty-two whites, viz: five years old and under, *one*; between five and ten, *two*; between ten and twenty, *eight*; between twenty and thirty, *three*; between thirty and forty, *three*; between forty and fifty, *two*; over fifty, *three*. Of the whites, ten were *males*, and twelve *females*. The blacks were sixty-three, viz: under five years, *one*; between five and ten, *six*; between ten and twenty, *fifteen*; between twenty and thirty, *twenty-four*; between thirty and forty, *ten*; between forty and fifty, *five*; over fifty, *two*. Of the blacks thirty-six were *males*, and twenty-seven *females*.

MORTALITY.—The mortality was confined to the malignant forms. In these, from the best information Dr. A. could get, it was about sixty per cent.

LOCALITY.—The little city of Montgomery is situated on the left bank of the Alabama river, at the extreme southern convexity of a horse-shoe shaped curvature of the river. The bend nearly encloses several thousand acres of alluvial land which is subject to an annual overflow. The geological formation on which the town is built, following Mr. Lyell's division, is the *eocene tertiary*. At distances varying from fourteen to thirty miles, north and east, the tertiary forms an abrupt junction with the primary, consisting, at various points, of mica slate, gneiss, and granite. A belt of the cretaceous formation (prairie) running east and west, and varying in width from eight to fifteen miles, approaches within a mile of the southern and southeastern border of the town. Beyond the prairie, towards the south, the eocene tertiary is again found. On the western limit of the town, a range of hills takes its rise rather abruptly, and running first south, then east, and then north, forms an amphitheatre, which rises in some places 150 feet above the river bank, looking, from its northern aspect, on the river and the alluvial ground beyond it, and is crowned with a narrow strip of table land, beyond which, except on the eastern side, the ground again descends for several miles to a large creek, which empties itself into the river, several miles below or west of the town. A basin is thus formed with the hills on three sides, nearly, and the river on the other, having a sufficient inclination towards the latter to carry off the water which gathers during a rain, in rapid currents, and thus to secure, whenever a hard rain falls, a thorough cleansing of every part of the town. It is within the limits just described, and on the hills above, that the town is built; the greater part of the population residing below the range of hills. The residents on the sides of the hills, and on the level above, hardly comprise one-third of the whole population, which numbers in all above 4000 souls, a large part of which are blacks. The dwellings are built with ample space around them; there is no crowding, nor are the residents crowded within them, nor are there any accumulations of filth anywhere to be found—neither is there met with, within the city, any of the destitution of extreme poverty.

It was within the limits just described that the epidemic was chiefly confined. Whilst a large proportion of the residents below were attacked, there were but few cases among the residents on the sides of the hills, and still fewer upon the table land above. From the best information Dr. A. could obtain, he found that 250 cases of the disease occurred within the town limits, of which not more than 100 occurred above the base of the hills.

The surrounding country, which is thickly populated, was remarkably exempt, at this time, not only from the epidemic, but from all other diseases. After the epidemic influence had exhausted its virulence in the city, and in a great measure subsided, the disease made its appearance on a large plantation lying eight miles southeast of the city, where nineteen cases occurred, a majority of which were of the malignant congestive type. About the same time it occurred at another plantation (prairie) some three miles south of the first, passing over an

intervening one, which, with the other adjoining ones, remained as free from sickness as at the same season in other years. After it had disappeared from these localities, it appeared on a plantation three miles west of the one first mentioned, where four cases occurred, all of which were of the grave inflammatory variety, and here the epidemic influence terminated. There were no apparent causes why the epidemic should have occurred on these plantations to the exclusion of others.

The disease made its appearance early in February, was most prevalent in March, and disappeared as an epidemic in the latter part of April. Three cases occurred at intervals of some weeks, after the first of May. An epidemic *roseola* preceded and accompanied the disease as long as it lasted, disappearing with it. This was the case on the plantations as well as in the city. At the same time other diseases common to the climate and locality prevailed, some of them to a very unusual extent. These were dysentery, diarrhoea, intermittent and remittent fever, various forms of neuralgia, spasmodic cephalalgia, catarrhal fevers and bronchitis.

TREATMENT.—*Blood-letting* was employed, with few exceptions, near the beginning of the attack, frequently and boldly, without regard to the state of the circulation—in the congestive as well as in the inflammatory forms. The quantity taken at one bleeding, or at several in quick succession, was sometimes very great—on one occasion the quantity taken at a single bleeding was forty-eight, and on another forty-four and a-half ounces. In the greater number of cases the entire quantity taken from adults, in one day, varied from fourteen to forty ounces—in twenty-six cases the average was found to be thirty ounces. The effects of blood-letting were not so satisfactory as might have been expected. Within Dr. A.'s observation they were never promptly decisive for much good or evil; the pulse in congestive cases rarely filled up, or became regular; in some instances, it became quicker and more feeble, during, or soon after rather a small bleeding on the first day of the attack. In the inflammatory form the same thing was occasionally observed, though in this form an improved state of the pulse was more frequently the immediate consequence of the loss of blood. The most common sensible effect, however, was relief of the cephalalgia—but this was not always observed. Still, prompt and free bleeding, in the very onset of the disease, in both the congestive and inflammatory forms, was, Dr. A. believes, beneficial in consequence of the time gained by it, for other remedies more obviously beneficial. The impression of the physicians of Montgomery generally, in regard to bleeding, we are informed, was one of disappointment.

Mercury employed to produce its constitutional effects, proved to be a more efficient remedy than blood-letting, as well in the promptness and permanence of its beneficial influence. If not always effectual, it was always safe, and the good obtained by it was more apparent and quite as permanent as that from all other remedies. In a few instances, however, salivation induced early in the attack, and kept up for several days, failed altogether in producing any perceptible influence—in some cases time was not afforded to effect salivation, and occasionally, though very rarely, the specific influence of the remedy could not be obtained.

Blisters to the upper portion of the spine were found in mild and grave cases seldom to fail in removing or greatly relieving the cephalalgia, even when bleeding had failed to do so. In the malignant varieties, also, the relief afforded by them was very great. In the congestive forms, heat applied to the skin generally, mustard plasters, and frictions with oil of turpentine, were frequently beneficial.

Potassa.—Dr. Ames remarks, that his experience in the use of this remedy is yet too limited to determine positively its value, but he has seen enough to induce him to continue his observations, and to recommend it to the attention of the profession. It was given to children in doses of from three to five grains, and to adults in doses of from ten to fifteen grains, repeated every two hours. No case proved fatal in his practice, or, as far as he can learn, in that of either of his professional brethren, in which it was freely and continuously employed. But it is to be observed, that, under any treatment, the mortality was confined to the malignant forms of the disease; that the remedy was given in but few

cases of this kind, and that other remedies of the most energetic kind were also administered along with it. The powers of the remedy were exhibited in a much less equivocal manner in the grave and mild varieties. In many cases in which there were no febrile symptoms, properly so called, present, the cephalalgia was speedily and permanently relieved, and in others its administration was followed by a prompt reduction of arterial excitement, and the removal of intense cephalalgia and other symptoms of head disease. In one chronic case of the grave variety, in which the patient was fast sinking into a state of dementia, convalescence began on the day that the medicine was first administered. This man had been bled, salivated and blistered without benefit.

Quinine, Dr. A. employed frequently in the grave variety, to which it seemed most applicable, and some times with partial success. When the disease was attended with a fever which was regularly remittent, the meningitis appearing as if it were engrafted on a remittent fever, quinine occasionally arrested the paroxysms, but more slowly and with greater difficulty than in other fevers. In other varieties, the remedy cannot be recommended; its use here, if not hazardous, never affording much encouragement to repeat it.

Emetics were but little used. *Cathartics* were frequently employed as adjuncts, and to effect particular indications, but were not relied on as curative remedies. In two instances a free catharsis induced by drastic medicine was evidently prejudicial.

Opium, Dr. A. does not consider generally safe in the inflammatory malignant variety, or that it was of any use in the congestive malignant form. In the other varieties, it was a safe remedy, and very valuable as an anodyne merely.

We return our thanks to Dr. Ames for his very excellent account of the epidemic form of cerebro-spinitis, as it occurred within the sphere of his own observation. We have presented a very full digest of his paper, from the perusal of which our readers will, we are convinced, derive a more correct idea of the pathology and general characteristics of the disease than from most other sources.

D. F. C.

ART. XIII.—*Anniversary Discourse before the New York Academy of Medicine.*
By JAMES R. MANLEY, M. D. New York, 1849: pp. 36.

It is more than three months since Dr. Manley's Address was delivered before the New York Academy of Medicine, and a large miscellaneous audience. It produced a lively impression at the time, which is fully justified by the printed discourse. In style, thought, and argument, it ranks much higher than is usual with compositions of the sort, and is in every way worthy of the reputation of its venerable author. It is remarkably free from cant, that vicious form of sentiment which mars so many of the literary efforts of our prominent orators and writers. It appeals to no prejudices, and flatters no self-complacency, but handles its subject with a direct, and yet polished, common sense, which denotes the scholar and the man of enlightened experience. We shall quote freely from the pages of this discourse, although, from want of space, less copiously than we could wish.

After showing how pregnant with ulterior mischief is the mismanagement of disease, Dr. Manley traces the evil to professional ignorance on the one hand, and follies claiming to be medical systems, on the other. He says:

"Between the rivalries of bold imposture, presuming ignorance, and calculating deceit, the great and essential landmarks which have hitherto directed to the best means for the preservation of health, and the relief or cure of disease, are in danger (for a time at least) of being broken down and trampled under foot of men, whose contempt of every thing like medical education is their surest passport to the confidence of their patients.

"It is scarcely to be expected that the medical profession, alone and unaided by public opinion, can correct the abuses to which its own lax estimate of its duties has chiefly contributed; but the hope may be indulged, that a reform commenced among its own members will not be without its influence in ena-

bling the community to form a judgment of the immeasurable difference between a well-instructed and conscientious physician, and the ignorant, impudent, and reckless practitioner, who monopolizes the confidence and emoluments of our vocation. Reform must commence where the abuses have had their origin, since it would be vain to expect amendment while the roots from which they spring are allowed, year by year, to gather strength, to bud, blossom, and diffuse their baleful influences.

"The standard of education in medicine must be elevated; then, and not till then, will physicians be enabled to resume that rank in society which they formerly occupied. The moral tone of the profession must become an object of more solicitude—essential truth must be the basis of the physician's moral."

This we believe to be the true doctrine; medical science cannot occupy the eminent position to which her hereditary and acquired wealth of knowledge and power entitle her, so long as her followers forget their homage and their duty. Nevertheless, we are far from indulging the hope that a return to their loyalty would be followed by a popular acknowledgment of our queen's supremacy; we fear there would still be found as many conceited wiseacres to sneer at our ancient art, as there are now to wag both head and tongue against other institutions consecrated by time and human reverence. In proof of this opinion, the English metropolis presents a striking example. Side by side with the most profound medical learning, and the most consummate medical skill, knavery lures its dupes with false promises, and folly with its catchpenny systems, while filthy hucksters of physic sweep the little vulgar into their net. In Vienna, too, with a state education of the most elaborate sort imposed on every physician, the most contemptible and absurd of all heresies is not only tolerated, but has actually committed to its infinitesimal mercies the lives of his majesty's subjects. "The people" are much the same in all countries, and are as fond of being deceived in despotic Austria as in "free and enlightened" America. In both countries they are utterly incapable of estimating the merits or demerits of the medical profession, and submit to be imposed upon, not in proportion to their lack of intelligence, but to the extent to which the law lets in upon them the legions of quackery. Why is it that in France there are, comparatively speaking, so few quacks with any pretension to a respectable standing? Simply because the law compels the charlatan to put off the disguise of an honest man, and don the scarlet livery and wig that belong to his character, in which attire he can deceive none but such as deserve it. He is, besides, forbidden to keep any but innocuous medicines amongst his wares. It is the force of law, and neither professional eminence nor popular enlightenment, that can scotch the snake of quackery, and awaken or inspire a respect for legitimate medicine. The tendency of the human mind, when left to itself, is towards imposture, and the freer the institutions of a country, the more rife and multifarious must error be. Compared with the Continent, England has long since won the unenviable title of "the Paradise of Quacks;" America, then, must surely be their seventh heaven.

Although struggling against this view of the subject, Dr. Manley looks around in vain for an explanation of the prevalence of medical delusions; he cannot solve the paradox that men should be so careless of life, their most precious possession; that men, even, who in health are capable of the grandest efforts of the understanding, should in sickness be "found crouching to the knave whose vocation is to make merchandize of their weakness." He finds no solution but that our passions and prejudices master the reason when enervated by sickness, and he proffers an apology for such as in this manner become the willing victims of impudent imposture. But he can discover no excuse for the perpetrators of these atrocities, whom he thus describes:

"There are multitudes of men calling themselves physicians in our midst; men claiming to be respectable, and whom the world does respect, whose support is procured, and whose wealth is accumulated, at the expense of the health and the comfort, nay, the lives of those who confide in their fraudulent professions; professions, too, not made under the influence of self-delusion, for in such cases our charity could in some measure qualify the severity of our judgment,

but made for the sole purpose of profiting by hopes based upon them, which they well know will be disappointed."

This picture is not over-drawn; its colours are even more subdued than they needed to be, and yet in what a fearful light does it represent the guilty men who dare to carry on their odious and fatal traffic in the name and under the assumed sanction of our noble and beneficent art. What redress or protection remains to us against these worse than open enemies, for they inflict their worst wounds by claiming alliance and community with true physicians?

"It would be labour lost to attempt to cure the evil by remonstrating with those who have a personal interest in perpetuating it; the facilities which medicine offers to practice imposture, and the bounties paid by an unconscious public for the deceit, are obstacles in the way of all argument which truth can present, because mistaken interest is enlisted on the side of fraud."

As there is certainly no prospect of converting rogues who find roguery so lucrative, Dr. Manley hopes to curtail their successes by enlightening their dupes. He says,

"We must commence by communicating to the public, who are the victims of the delusion, some knowledge of themselves; we must attack their prejudices by informing their minds, and teach them all that they should know; *the great principles on which the science of all rational medicine rests*. It would seem that the necessity of engrafting *human physiology* on our courses of general academic instruction, was not only important but imperative; as it would serve the double purpose of a protection against the assaults of quackery, and furnish that kind of intelligence which would enable the public to form a more accurate judgment of the character of their physicians.

"I am very sensible that this is considered by many of the profession, as a recommendation of doubtful expediency; but I confess that I am yet to learn that it differs in principle from the constantly iterated opinions given to the community on the subjects of hygiene or medical police, which all deem matters of professional duty."

We are not of those who consider it inexpedient to teach physiology in our academies and colleges, for, in itself considered, all knowledge is profitable; but we are most unequivocally of those who believe that to do so will increase instead of diminishing the patrons of quackery. Can we withdraw victims from charlatanism by teaching them physiology? As well might we expect to disabuse the gaping wonderer at the mysteries of thimble-rig, by explaining to him the anatomy of the hand, and demonstrating the action of its muscles by means of the parallelogram of forces. In what possible way can the study of physiology enable the public to form a more accurate judgment of the character of their physicians? Grant that the patient is as consummate a physiologist as Müller himself, but ignorant, of course, of pathology and therapeutics, how will physiology assist him in learning whether his medical attendant has detected the nature of his disease, or chosen the proper remedies for its cure? Hippocrates and Galen were, it may be presumed, successful and respected physicians, and would certainly not be less successful did they practice in our own day. Now, in what light would our academic student, perfect in his modern physiology, regard these ancient worthies, should they undertake to prescribe for him? As obsolete and ignorant dotards, no doubt. And yet nothing can be clearer than that the physiology of the patient would not be in the least a touchstone for trying the prescriptions of him of Cos or Pergamus, and that the merit or vice of their precepts would be equally independent of the patient's accomplishments in physiology. The truth is that Hippocrates and Galen are every day prescribing for our sick, and we never hear of Physiology making a serious objection to their doing so, without exciting a smile at its interference.

The common sense of mankind, no less than the medical records of all time, teaches that the curative powers of medicines are determined, not by physiological precepts, but by direct observation of their action; the medicines which are the surest in their effects are precisely those of whose *modus operandi* we know little or nothing; and such being the case, there is no apparent reason why the layman, let him be physiologist or not, should disbelieve the placards of nostrum venders, more than the assertions of medical treatises. Knowing that

in this matter experience is the only test of truth, he wrongly judges the experience in both instances to be of equal value, for he does not take into account the moral character of the witnesses. Still less does he consider that the experience of the quack is a totally different thing from the experience of the scientific physician; the one consisting wholly in the reiterated prescription of a medicine of which he knows little for diseases of which he knows still less, while the other is a constant growth in knowledge of the nature and distinctive characters of diseases, obtained by an assiduous analysis of their phenomena, and directed by the light of anatomy, physiology, and chemistry, as well as by that of sound medical learning. The study of physiology will help no one to an acquaintance with the reality or the importance of this distinction, and yet no wonder that without a knowledge of it men should rather believe the liar who promises everything, than the man of truth and science who will promise nothing without qualification.

But even supposing that physiology were capable of preventing the delusions, follies, and calamities, which afflict the public and grieve ourselves, the next question to be settled would be in what dose must this precious prophylactic be administered? As a branch of general education, little enough of it can be given, not a tithe, we presume, of what a medical student receives during his pupilage; and yet no one will pretend that our graduates have derived from the study of physiology wherewith to defend themselves against the heresies of the day. Why, even the infinitesimal gentry know that there is so little direct connection between physiology and the *methodus medendi*, that they teach it to their pupils, and out of the very same text-books which our colleges prescribe.

A smattering of physiology, as of anything else, must breed mischief. There was a notable instance of its tendency, not long since, in the case of a well-known "philosopher" of the other sex. This lady, who is remarkable for her acute and masculine intellect, was so charmed with the discovery that chemical changes in the ultimate molecules of the body would account for the circulation of the blood, that she at once degraded the human heart to the rank of an "auxiliary" among the forces which sustain life. In the same manner, but in an infinitely lower scale, the writers for daily journals pipe their thin treble of commendation or blame upon medical subjects, pronouncing judgment upon systems and modes of treatment with the perfect self-complacency of *cognoscenti*. A large portion of the clergy, here and there a lawyer, numbers of so-called literary persons, and people of every class, down to the toothless crone and just emancipated school-girl, range themselves under the banner of one 'pathy or another, which have nothing in common but their decided antipathy to medical science and common sense. And it is precisely amongst the "diffusion of knowledge" classes that such heresies recruit their ranks. Yet, let it not be supposed that medicine is alone in suffering by these presumptuous encroachments. The evil is one that pervades society, and like a poisonous gas lifts up the weaker minds against knowledge and authority. The layman confutes the theologian, the jury gives law to the bar and to the bench, the politician sneers at the circumspection and tardiness of the statesman, and the rank and file imagine that victories are won by them, and not by their leaders' skill. In this new edition of "high life below stairs" it would be strange if physicians were not caricatured, and their rights challenged. Viewing these things as amongst the follies of the time, let us not be anxious overmuch about the popular esteem; but taking care to set our own house in order, let us endeavour to deserve the approval of conscience, and the respect of posterity.

We cannot but think the position untenable that there is as good reason for teaching laymen physiology, as public hygiene or medical police. In the one case precepts for the preservation of the individual's and the public health are inculcated; we recommend certain things to be done or avoided, just as we prescribe rules for the food, clothing, exercise, &c., of our private patients, whether they be illiterate or enlightened. But in the other case, it is proposed to instruct a certain class of the non-medical public in the most extensive, the most difficult, and the most fluctuating of sciences. Between the two there is all the difference that exists between directing a course of diet and explaining the process of digestion.

1 Mrs Willard

Dr. Manley shows that the interference of nostrum mongers, and pretenders, to which he might have added domestic prescribers, converts many simple into complicated diseases, and puts off the appeal to medical art, until the curable stages are passed by. This he illustrates by pointing out the numerous and fatal maladies which may result from intermittent fever improperly treated in its acute period, and before any organic change arises. He is of opinion, that a knowledge of physiology would open the eyes of the public to these delusions and their dangers, but he does not point out how this knowledge would effect so desirable a result, and we must confess that we are at a loss to conceive in what manner it could operate. When it is stated that "the least knowledge of physiology must make it obvious" that no morbid condition of the human system can in strictness be called simple, it does really seem as if pathology and not physiology must have been meant; for the latter has no relation whatever to morbid conditions, except in so far as it is used to *explain* their phenomena and connections. That no disease is simple is true under all possible systems of physiology, because it is really independent of all, and stands on pathological evidence alone; no knowledge whatever of physiology could possibly suggest its truth, or do more than attempt to explain it.

This idea of the relation in which physiology stands to the science of medicine, we believe, and have endeavoured to show, is fallacious. For the same reasons we are compelled to dissent from the venerable orator when he says, "It is to this cause, (empirical practice from a want of early instruction in physiology,) we are chiefly to attribute the loss of confidence which marks the conduct of the intelligent portion of the community. . . The public . . . refuse to accord their confidence to persons who practice physic merely for its profit." This account of the matter is not, we think, satisfactory. As the public are wholly unable to judge whether the physician practices upon right principles or not, they are surely unable to decide how far a knowledge of physiology would improve medical practice. The efficacy of the prescription, and not the physiological explanation of its action, is what concerns the public. Who does not know that of the practitioners who are in the habit of explaining everything to their patients, disease, indication, remedy, and all, that the greater number do not rank among sound physiologists? Who does not know that if two skilful physicians are called to the same case, the chances are that they will agree respecting the treatment to be pursued, but probably be as opposite as the poles in their theories of the disease, and of its cure? If the public knew this, they would probably conclude, rushing from fallacy into absurdity, that physiology is of no use in medicine.

Let it not be inferred from the previous remarks, that the writer holds physiology in light esteem as a department of medical science. On the contrary, without its aid, medicine would be comparatively lame and impotent. But that aid it does not directly render to therapeutics, which is an art, but to *diagnosis*, which is a branch of pathological science. If the power of distinguishing diseases from one another, by ascertaining their nature, seat, and relations, constitutes a part of medical science—and it certainly does, the largest part—then physiology, without which such knowledge would be impossible, is a fundamental and an essential requisite in medical education. With its advance towards truth, diagnosis is perfected, and the research for therapeutical laws facilitated.

The decline of the profession in public esteem proceeds not from the neglect of physiology, as such, nor of that branch of science alone, but of it in common with pathology in its widest sense, of botany, of chemistry, of anatomy, and above all, of that medical learning which is the best foundation on which to build, the best light by which to gather the golden grains of modern science, the best anchor to prevent the mind being carried away by the cross currents and windy gusts of modern hypotheses. This cause, like the presumption spoken of above, is not confined in its influence to the medical profession; it blights all liberal pursuits, both here and in maturer Europe. A late writer on English University education says, "The most distinguishing feature of our time is the principle which forms the life and soul of the retail trade—the principle which sets men to busy themselves more about small and immediate re-

turns for outlay, than the advantage which is general, or distant, or future. People have asked, what is the market value of this or of that branch of learning? Will it get a boy on in the world? . . . the cry of the largest class of the public is—give us such knowledge as will *pay*.” The great majority of persons who intend to practice medicine, prefer the shortest, cheapest, and least troublesome education which public opinion tolerates for medical students. They reason naturally enough that a public which so eagerly patronizes every form of quackery, will not be quick to ask for their credentials, or enlightened enough to detect their ignorance. But it is clear that without medical colleges in which the student can obtain nothing but his diploma and the marrowless dry bones of science, the line between quackery and medicine would be more distinctly visible than at present, even to vulgar eyes. Yet so long as such nuisances exist, the profession will present a gradual transition from one end to the other of the scale, from the learned, enlightened, and skilful physician, down through successive grades of pretenders, and puffers of themselves. It will continue to include men who resort to indelicate means of introducing themselves into practice; men who pursue their profession, but have no faith in it; renegade physicians who have embraced the heresies of the day; those who practice “allopathy,” “homœopathy,” or “sudopathy,” just as the patient prefers; and in the lowest deep of all, the vile traffickers in human life with their panaceas, their blood pills, and lying certificates from the great and little vulgar they have victimized. In this *facilis descensus avernî*, no one can say where physicians end, and quacks begin; nor will it be possible to do so, until the medical profession, making for itself that law which is necessary for its self-preservation, shall shut the doors of the pest-houses which generate this swarming plague, and set upon them the seal of perpetual reprobation.

Hear what Dr. Manley says of a portion of our medical teachers: “The preliminary information of the pupil; the conduct of his medical education in some of our medical colleges; the measure of acquirement of the teachers themselves; their anxiety to profit by their situations to which accident, management, or the influence of political friends have promoted them, and the known fact that volubility of delivery, a fund of anecdote to amuse, rather than a store of scientific intelligence upon which to draw for the instruction of students, and a cultivated familiarity with them, which in effect defeats all proper discipline, and destroys all the deferential respect which should attach to the character of instructors; and above all, the indefinite multiplication of the schools, contribute infinitely more to make the practice of physic a *trade*, than all other causes combined. Lecturing, itself, has become a trade, confessedly such, practiced more for its profits than for any other purpose; and professors, like Thespian players, travel around the country, for the amusement, as well as the instruction of their hearers, till they may find a field of promise, where their peregrinations may terminate, and themselves become stationary teachers! If these things are so, can it be a matter of surprise if their pupils should ‘better their instruction,’ and become tradesmen too?”

“It is a fact, and one too pregnant with disastrous consequences, to pass without the unqualified censure of the whole profession, that some of our medical schools, in their annual circulars, invite, nay, almost entreat the public for their patronage; the present inducements to the half-educated, and even the wholly uneducated youth of the country, to become physicians, promising facilities for study, and full courses of instruction on easy terms; and on their arrival, accept promises to pay at remote periods, instead of their fees; thus offering bounties to the ignorant and illiterate, to crowd the ranks of a profession whose duties and responsibilities require higher attainments, a more elevated moral, greater industry, and a more severe and constant application to study, than any other profession in the whole catalogue of human sciences.”

“*The time was,*” says the speaker in another place, “*when the schools of medicine gave character to the profession, but that time has long since passed by; it is now its chief anxiety to prevent the schools from destroying IT.*” Fortunately, this anxiety has produced action, and the representatives of the medical profession in the United States have twice, in solemn convocation, pronounced against these abuses. If such a sentence remains inoperative, something more

must be attempted. "The time has arrived," says Dr. Manley, "when medical schools must become subjects of discipline." The only question is, what salutary discipline is it possible to apply? Dr. Manley thinks that the abuses will continue "so long as private speculation in teaching controls the issue of medical licenses," in other words, that the diploma should not confer a right to practice medicine. Under a different political constitution from ours, such a plan would undoubtedly be the best, but experience shows, that in this country medical science has always been treated by legislators as if it was the least important of human concerns; and we have, therefore, every reason to dread that our sacred ark should be touched by their unhallowed fingers. We have not yet reached that stage of national existence at which it is learned that perfect liberty is perfect obedience to just laws, and in no wise license to do what seems good to every one. Meanwhile, the law of self-preservation bestows the right, and our actual situation imposes the duty, of restraining within just bounds the power of traders in medical education, to disgrace the office of teacher, and destroy the respectability of the medical profession in the eyes of the world. If it were made disreputable to be connected with institutions such as Dr. Manley has described in the paragraphs quoted above, if the society of their professors were shunned, and it were shown that their participation in the affairs of the American Association, and other similar bodies, is tolerated only, and not desired; if the colleges which are endeavouring in good faith to improve medical education, were resolutely to refuse to recognize the students and graduates of the "trading schools;" and if, finally, *every physician should*, when the occasion required him to write his title, *add the name of the institution which conferred it*;—we are persuaded that in a few years the unworthy schools would either become extinct, or going altogether over to quackery, there would be a great and impassable gulf fixed between them and the medical profession, so that the public would at once know the marks by which a genuine physician may be distinguished from his counterfeit.

A. S.

ART. XIV.—*The Plea of Humanity in behalf of Medical Education. The Annual Address delivered before the New York State Medical Society, and Members of the Legislature, at the Capitol, February 6th, 1849.* By ALEXANDER H. STEVENS, M. D., President of the Society, of the American Medical Association, &c. Albany, 1849: pp. 20.

THE dignified and almost solemn tone of this address is well suited to the momentous truths which it contains, and well becomes a man who is second to none in the useful labours of a long life, for his experience as a professor of medical science and art, and for the distinguished eminence which he has won for himself in the medical profession. No one could better claim the right of being heard by his brethren and the legislature of the Empire state, when the cause of medical education was to be vindicated; and his address shows that it would be difficult to make a better plea in favour of the essential beneficence and utility of the healing art.

The speaker first directs the attention of his audience to the names of Van Ness, Clinton and Kent, and after showing how these statesmen fostered medical education, declares the design of his discourse to be the vindication of their policy. A sketch of the physician's vocation follows, in which occurs this striking passage:

"The offspring of the highest and lowest, in the first moments of their existence, come under his care, alike naked and helpless. The screen which in after life conceals many of their weaknesses and some of their virtues, ever open more or less to the medical observer, is for him removed by sickness and misfortune. Before the man of healing the trappings of greatness are laid aside, and the cloak of deformity is dropped; beauty puts off her ornament, and without a blush modesty raises her veil. . . . Surely they who hold such relations to society should be learned, discreet and wise; trained by liberal studies and by illustrious examples, to be ever true to the cause of humanity; elevated by education, as

by education alone they can be elevated, to rise above all that is sensual and sordid."

Experience is the only source of sound medical learning, but "the experience of any single individual, in comparison with the knowledge to be derived from a study of the experience of others, is exceedingly small, and can never render a person competent to practice medicine. The experience of a long life would not equal the amount of useful knowledge that might be imparted by a competent instructor in a single year. The self-taught physicians are scarcely taught at all; and would be still more ignorant if they did not obtain information in casual intercourse with men of superior education and attainments." These sentences contain in miniature the whole argument for the necessity of a thorough medical education; we would that they were indelibly impressed upon the mind of every physician in the United States; for then no one could fail to take an earnest part in the improvement of medical education. How many of our medical graduates must be included in the class of self-taught physicians!

A prevalent error is thus happily exposed. "It is often assumed that the parties interested in the discussion which the subject provokes, are the medical profession on the one hand, and the empirics on the other; and that it is a conflict of interests between them in which the public have little concern. Such notions are not confined to the ignorant and vulgar, but are entertained by men of the learned professions, and even by legislators. Medical brothers you well know, fellow citizens you ought to know, better! The real parties are the public and the regular physicians on one side, and the charlatans and their abettors on the other."

Adverting to the vulgar notion that money is the primary object with physicians, Dr. Stevens cites the immense number of charitable institutions and private individuals whom they serve gratuitously, the straitened circumstances in which most physicians leave their families, and the readiness with which medical discoveries and inventions which might make the fortune of individuals, are thrown open to all the world. When some attempt was made to patent the invention of anæsthetic inhalation, "the indignation of the profession was roused from one end of the country to the other." But, "if the pecuniary rewards of physicians are so small compared with the expenses of their education and the severity of their labours, why are so many ready to enter the medical profession? I answer because the study of it is so delightful; and because the practice brings with it higher rewards than money can bestow. Who that feels that life is saved or prolonged by his skill, does not receive a reward? Who that has felt the warm tear of gratitude for rescuing from death a husband, a wife, or child, would wish to be other than a physician?"

After portraying on the one hand the life of the humane physician, whose only riches and legacy to his children are the gratitude of his patients, the honour of his profession, and his good name, and on the other the career of the quack, whose ill-gotten wealth cannot purchase exemption from contempt during life, and speedy oblivion after death, Dr. Stevens proceeds to show "what is doing and what has been done by medical men towards ameliorating the condition of society." His position is high but unassailable; and yet we venture to say that few even of our physicians have an equally just idea of the dignity and power and usefulness of their vocation. The medical man is shown by Dr. Stevens in his influence upon the physical and mental training of the families committed to his care; if he is a man of education, taste and knowledge, he does much to encourage, refine and improve his younger patients, and again and again he becomes the peacemaker and the moral guardian of the domestic hearth. In society his influence is not less real, although it may be less given to display itself openly, than that of the other liberal professions; and inasmuch as the physician is by his habits of thought and association less inclined to partisanship and fanaticism, his guidance in the affairs of men is all the more permanently felt. The physician is always found taking the lead in measures for improving the morals and the knowledge of the community; Dr. Stevens alludes especially to the part which he has taken in the "temperance reform," to his ministry in procuring the foundation of hospitals, and of asylums for the insane, of institutions for the deaf and dumb, for idiots, for the blind, &c., in all of

which relations the medical faculty of New York have been distinguished for their wise and humane policy, and for their untiring assiduity. Their labours in that department of natural science and art which has done so much for elucidating the theory, and increasing the profits of agriculture, and of the mechanic arts, are appropriately alluded to in this address.

By an enumeration of statistical results, Dr. Stevens illustrates "the prodigious extent to which human life has been lengthened with the advance and diffusion of medical science," and lest the skeptical should doubt the reality of the operation of the cause here assigned, examples are given of large charitable institutions in which the diminished rate of mortality bore a strict proportion to the improvement in their medical management. "Until within the last two years, the New York Almshouse, with its hospital, has been under political management. The mortality during a period of twenty years was more than twenty per cent. per annum. Two years since a new organization was made, and the whole establishment was placed under the control of one resident physician, and an efficient corps of unpaid physicians and surgeons. During these two years the mortality has been reduced to about twelve per cent. per annum." In the Nursery Hospital on Blackwell's Island the mortality was twenty-three and one-fourth per cent. in 1847, but in 1848, under a different organization, it was reduced nearly one-half.

The results of those hygienic measures, which physicians alone are competent to recommend, illustrate the value of medical science much better than the results of the treatment of disease and injuries, because they are furnished by a vastly larger number of individual cases. Dr. Stevens goes into a calculation based upon the admitted average value to the State of every sound adult life, to prove that a diminution of the annual mortality of the State of New York, would be productive of a saving to the commonwealth, amply sufficient to supply every part of the State with learned and skilful physicians, and to support agricultural professors. Fortified by this demonstration, he contends that "it is the duty of a wise government to take care of the lives of the citizens. They who labour for the wealth of the State have a right to expect that a well-educated physician should be within their reach, when they or their families are disabled by injury or disease." In urging upon the legislature to recognize this right by means of legal enactments, he employs this cogent argument. "The public must always employ medical men; and it rests with the legislature to decide upon the degree of knowledge and skill which they think it right to give to men entrusted with the care of the health and lives of the people. In supporting your common schools, it is not the teachers for whom you legislate; and in supporting medical schools, it is not the medical professors, and still less the medical profession, on whom your bounty is bestowed."

The necessity of the government assuming the conduct of medical education, and of prohibiting unqualified persons from practicing medicine, arises, in the opinion of Dr. Stevens, from certain peculiarities of our countrymen. "The defect of the American character, as regards scientific acquirements, is overweening self-confidence, or an undervaluing of the necessity of technical knowledge, for the successful pursuit of the learned professions, and consequently a lamentable deficiency or superficiality in their acquirements. This characteristic has tended to deteriorate the general standard of education." Whatever difference of sentiment may exist as to the *policy* of invoking a governmental interference that must, we fear, soon become partisan and political under our democratic system, all candid men must agree that the statement just quoted is the literal but mournful truth. We rejoice that one so high placed and influential as Dr. Stevens has not shrunk from speaking it boldly and plainly. It is because this statement is true that so many colleges "send forth young men with their degrees, very imperfectly qualified to discharge their high and responsible duties." It is because this is true that "a school is attractive to students which gives degrees upon easy terms; whose examinations are not too rigid; and that it is therefore quite possible for a school to be flourishing while the general education of its students is deteriorating."

The remedies proposed by Dr. Stevens for the evils which he has depicted are "to bring a *good medical education* within the reach of a larger number of stu-

dents: to open the doors of the medical schools without charge to all that have received the necessary preliminary education, to insist upon a longer period of study, and to make the examinations more strict." The spirit of these recommendations must be approved by every lover of sound medical learning; and all would rejoice to witness its legal application in that great State which has been the first successfully to engage the medical profession of the United States in the cause of educational improvement. A. S.

ART. XV.—*Manual of Physiology.* By WILLIAM SENHOUSE KIRKES, M.D., assisted by JAMES PAGET, Lecturer on General Anatomy and Physiology at St. Bartholomew's Hospital. With one hundred and eighteen illustrations on wood. Philadelphia, Lea & Blanchard, 1849. 12mo. pp. 552.

THIS is, certainly, a most able manual of physiology. The student will find in it, not a meagre outline, a bare skeleton of the leading particulars embraced in the science, but a very complete and accurate—though, at the same time, concise—account of the facts and generally admitted principles of physiology; forming an admirable introduction to the study of that science, as well as a useful compendium for consultation by those who are preparing for an examination.

The work was originally commenced with the intention of making it simply a digest of Müller's elements—and several of the chapters are of this character. In other portions of the work, the original design has not been followed out. In regard to the subjects embraced in these, "it was found that the progress of physiology, during seven years, had so increased or modified the facts, and some even of the principles of the science, that Müller's Elements, and the notes by Dr. Baly, could only be employed as among the best authorities and examples."

While all discussions of unsettled questions and expressions of personal opinion are necessarily omitted, ample references are given, not only to works in which these may be consulted, but to those, also, by the aid of which the study of physiology, in its widest extent, may be pursued.

The English edition bears the title of "Hand Book." This the American publisher has altered to "Manual"—"as being more appropriate to the character of the work." In what this greater appropriateness consists, we are at a loss to imagine: we had always supposed that the Saxon *hand=book* and the Latin *Manuale*, both meant one and the same thing.

The illustrations which are from steel plates in the original edition, are in the present from wood engravings, and being placed upon the same page with the text, are much more convenient for reference. Occasionally a different representation of the same object has been substituted, where such alteration appeared advantageous.

The whole of the illustrations are very excellent, and calculated to render the description of the objects they represent clear and precise.

To those who stand in need of a Manual of Physiology—and works of this description have now become, in a certain sense, indispensable portions of the apparatus of study—we can very confidently recommend the present one as well for its comprehensiveness as for its general accuracy. D. F. C.

ART. XVI.—*An Introduction to Practical Chemistry, including Analysis.* By JOHN E. BOWMAN. Philadelphia: Lea and Blanchard, 1849. 12mo. pp. 303.

THE above is the title of a republication, the special object of which is to explain, and render familiar to the beginner, the various processes employed in analysis, and for the illustration of chemical science. Although intended as a text-book for the author's class, it deserves a wider circulation, from the clear and concise mode of explanation of the processes, and the simplicity of the manipulations, placing the acquisition of the science by actual practice within

reach of all whose inclinations may tend in this direction. In the introduction, is inculcated the indispensable necessity of method and care in manipulation, and, an account of the symbols used to express composition. In regard to symbols, a novelty is introduced by which the reader is informed by the kind of letters employed, what is the state of aggregation of the substance expressed. Thus hydrogen, a gas, is represented by a thin type (H), bromine, a liquid, by the italic (*Br.*), carbon, a solid, by the Roman letter (C); the same construction being also applied to compounds, and the condition in which they may be used, or the forms assumed as the result of decomposition. The work is divided into five parts; the first containing the operations and exercises necessary in the production of gases and liquids, glass working, blowpipe operations, specific gravity, &c.; the second, the action of reagents, the substances being arranged in classes, according to their modes of reaction; the third, the qualitative analysis of substances of unknown composition, whether simple or mixed salts, soluble in water, acids, or insoluble in ether; the fourth, quantitative analysis; and the fifth, examination of calculi, and notices of reagents, together with their impurities and modes of detection, concluded by an appendix containing a series of tables of value as references, and important in the economy of time.

R. B.

ART. XVII.—*Chemical and Pharmaceutical Manipulations.* By CAMPBELL MORFIT, assisted by ALEXANDER MUCKLE. Philadelphia: Lindsay and Blackiston, 1849. 12mo. pp. 482.

THIS work is intended to facilitate the practical acquisition of chemical knowledge, and to lighten the labours of the operator, by a complete description of the most approved apparatus and processes, and by instructions in manipulation, together with the precautions in the management necessary to insure accuracy. This object has been accomplished in a manner creditable to the authors, as expert and careful analysts, and exhibits throughout a familiarity with the minutiae of detail, and the necessity in all cases, of acquiring the habits of strict attention to care and order in these, as can only be acquired by constant operation in the laboratory itself. The work affords all the information requisite for fitting up a laboratory adapted for examination, experiment, and investigation, and in which the most modern improvements may be found. Commencing with the laboratory itself, there are full descriptions of the separate apartments necessary, the apparatus and uses to which each are destined, the best modes of lighting, and the arrangement of their furniture most suitable to prevent delay and inconvenience to the operator. This is the first, and certainly a very important subject, upon which depends the future comfort, not to say success, of the occupant, and by the adoption of correct ideas on this point, such as are here laid down, the arrangement may be modified to suit the necessities or convenience of all. The notices and descriptions of apparatus are extensive, comprising the indispensable, and occasionally useful, the most familiar, and the more rare, the economical and costly, which, together with the mode of manipulating, are copiously illustrated by drawings, by which they are rendered perfectly intelligible, even to an unpracticed beginner. The information on these points is of such extent, that disappointment would rarely meet one who should consult the work in relation to anything connected with these subjects, and the knowledge obtained be applied practically, as far as this can be effected, without the actual performance of the operations themselves.

R. B.

ART. XVIII.—*Report of the Standing Sanatory Committee of the Board of Health of the City of New York, on the subject of Asiatic Cholera, at present prevailing at the Quarantine establishment of New York at Staten Island.* New York, 1848: pp. 24.

THIS is a highly interesting and valuable document, furnishing another to the many remarkable instances already recorded, of an outbreak of cholera under most unexpected circumstances, and the conveyance of the disease to a distinct locality.

Dr. Whiting, in his interesting letter, which forms the principal portion of this report, gives the following account of the outbreak of cholera on board the packet ship New York, as obtained from her first officer Captain Lines, with the history of the disease, after the arrival of the ship at quarantine, as observed by himself.

On the second of December, the packet ship New York arrived at quarantine with a number of persons sick, having lost seven during the last week of her voyage, with a disease that has since proved to be Asiatic cholera. The New York left Havre on the ninth of November, with three hundred and thirty-one steerage passengers, twenty-one cabin, and thirty-three crew; a total of three hundred and eighty-five. All continued well until the twenty-fifth, Saturday, when one of the steerage passengers, a German, aged twenty-nine, in robust health, was attacked with vomiting and purging, accompanied by cramps of the muscles of the upper and lower extremities. The Captain supposed it to be cholera morbus, and prescribed judiciously for the symptoms, but they continued until the third day, when death occurred.

The next case was on the 26th, Sunday, when an old man aged sixty-two, in feeble health, was attacked with vomiting and purging, with coldness of the whole body, and violent cramps and spasms. He died on the second day after the attack. Monday and Tuesday, 27th and 28th, two cases occurred. A girl, aged five years, died in two hours, and a boy also, aged five, died in four and a half hours after their first attack, both perfectly well previously. Wednesday, 28th, a man, aged forty, was attacked at 8 o'clock A. M., and died at 3 P. M. of the same day. On Thursday two children sickened and died, after six and eight hours illness.

The ship came to anchor at quarantine on Friday night, and from that time until Sunday noon, when the passengers were landed, twelve new cases occurred.

The best means of arresting the spread of the disease appeared to Dr. W. to be to remove them from the confinement of the ship, and to separate the sick from the well. A steamboat was engaged to bring them to the public store docks. The sick were sent to an excellent hospital room, and good nursing and medical attendance immediately provided.

A remarkable feature in the history of this disease, is the fact that six persons have been affected in a similar way, who had been but for two days exposed to contact or proximity to these people.

Nothing like cholera existed at Staten Island at the time of the arrival of the ship New York. When her passengers were removed to the public stores, they were occupied by about seventy persons, who had just recovered from other diseases. One of these, a man just recovering from a fractured patella, assisted in the removal of the patients. This was on Sunday; on the Wednesday following, he was attacked with violent symptoms of cholera, and died the same day. A woman who had been a nurse, without having any communication with these people, but occupying another room in the same building, was attacked, and died the same day, with all the symptoms of cholera. A man who had been discharged and gone to the city of New York on Monday, and had remained a little over a day in this same enclosure, was returned from the city as a case of cholera, and died also on Wednesday. On perceiving this communication of the disease to the convalescents, Dr. W. immediately sent them away and distributed them through the other hospitals, since which three others have been attacked,

two of whom have died, but none other than those at first exposed at the public stores, have been affected. These had all been inmates of the hospital for weeks, were ready to be discharged, and had but a limited exposure for forty-eight hours to the influences of the disease. Two convalescents from typhous fever were subsequently attacked.

What is extremely curious also is that:—

All the persons who have been attacked, from the first case on board ship to the last, excepting the inmates of the hospital, have been from among two hundred and seventy Germans,* who have been living in Havre and its environs, where there has not been a single case of cholera. These persons were originally from Germany, mechanics, and flourishing, until, by the triumph of liberty and equality, the native French artisans have succeeded in inducing the public to withdraw their patronage, and the municipal authorities to proscribe them.

No circumstances can be ascertained to explain the circumstance of these Germans being the exclusive victims. They were all healthy and robust, had not been exposed to cholera at home; they enjoyed with the other passengers the best accommodations, and their provisions were abundant and of the best quality.

The whole number of cases, including twelve taken from the ship, was on the 19th December, 63, of which 29 had died.

The disease has since entirely disappeared from quarantine, and without extending to the city of New York, or to its neighbourhood.

ART. XIX.—*Report of a Joint Special Committee of Select and Common Councils, (appointed on the 7th December, 1848,) to whom was referred certain queries contained in a Circular Letter from the American Medical Association, on the subject of Public Hygiène.* Published by order of Councils. Philadelphia, 1849: pp. 39, 8vo.

THIS interesting report, for a copy of which we are indebted to the politeness of the chairman of the committee, C. A. Poulson, Esq., contains a mass of valuable information relative to the actual state of the city of Philadelphia proper; its means and resources for preserving health; its cleanliness, ventilation, and other matters having a bearing on its hygienic condition. It is our purpose at present merely to invite attention to this report; hereafter we shall have occasion to refer to it, more particularly in a review on the hygiène of American cities, in preparation for a future number of this Journal.

ART. XX.—*Summary of the Transactions of the College of Physicians of Philadelphia.* From Sept. 16, 1848, to Jan. 2, 1849, inclusive. 8vo., pp. 28.

THE present number fully maintains the character of this valuable publication. It contains the annual reports on the Theory and Practice of Medicine by Dr. B. Coates, and on Midwifery by Dr. Griscom; an obituary notice of the late Dr. Henry Neill, by Dr. J. M. Paul; and reports of highly interesting conversations on the prevailing diseases of last autumn and the influence of the weather in their production; on the prevailing variolous epidemic; on the protective power of vaccination; on hydrophobia; with abstracts of several interesting cases communicated to the College. We shall endeavour to find room in our Domestic Summary for notices of some of the articles.

* Except one, a Frenchman from Paris.

QUARTERLY SUMMARY

OF THE

IMPROVEMENTS AND DISCOVERIES

IN THE

MEDICAL SCIENCES.

ANATOMY AND PHYSIOLOGY.

1. *Blood Corpuscles of the Human Embryo*.—Mr. PAGET has examined the blood of a foetus of four weeks old, which is the earliest period at which it has been submitted to microscopic inquiry. The great majority of the red corpuscles presented a circular outline, and as they rolled over appeared spheroidal and vesicular. Their surfaces were smooth, and as they dried, portions of their edges were incurved and folded towards their centres. They were apparently more deep-coloured than in adult blood. The nuclei were circular, with well-defined dark outlines, and darkly nebulous, as if granulated. All the corpuscles were nucleated; some contained two nuclei, and were ovoidal, and larger than the rest.

The measurements of the spheroidal corpuscles were from 1-2100 to 1-2800th of an inch in diameter; that of the nuclei from 1-3700 to 1-4500th. Of the bi-nucleated cells the measurements were 1-1500 by 1-2300th of an inch.—*London Medical Gazette*, Feb. 1849.

2. *On the Changes which take place in the Lungs after Division of the Pnœmogastric Nerves*. By Dr. SCHIFF.—It is well known that, after section of the vagus nerves in the neck of an animal, death frequently takes place at an interval of a few days. In these cases the lungs are found to have undergone alterations, characterized by congestion, and the effusion of a large quantity of frothy sanguinolent serum into the bronchi; which lesions have been ascribed by authors to the paralysis of the glottis consequent on the section of its nerve (the recurrent), which induces respiratory obstruction, either directly, or by permitting of the passage of food and other matters into the trachea. Dr. Schiff has performed a variety of experiments which disprove these ideas. By cutting in some animals the recurrences, and in others the pulmonary branches of the vagus, he has convinced himself that the section of the latter causes congestion, with tumefaction of the bronchial mucous membrane; while that of the former only produces narrowing and paralysis of the glottis, without any pulmonary changes. The lesions of the lungs are, likewise, unaffected by the performance of tracheotomy, and by the section of the œsophagus in the neck (in dogs). He, therefore, concludes, that the state of the lungs is dependent on the integrity of the pulmonary portion only of the nerve. Section of the nerve on one side produced a slighter amount of pulmonary lesion, but never confined to the lung of one side; a circumstance which M. Schiff accounts for by considering the anastomoses in the pulmonary plexus of nerves.—*Archiv für Physiologische Heilkunde*, 1847; *Gazette Médicale*, 2d Dec. 1848.

[Dr. J. Reid considers the congestion and bronchial effusion as a secondary effect of the diminished frequency of respiration in animals in which the vagi

are divided.—(*Ed. Med. and Surg. Journal*, April 1839.) This idea agrees perfectly with the results of the above experiments; and is, we doubt not, quite correct.]—*Monthly Retrospect*, Jan. 1849.

3. *On the Mechanism by which the Valves of the Heart are closed, and by which the Sounds of the Heart are produced.* By Dr. JOSEPH HAMERNIK of Prague.—In this paper, the author recapitulates at some length the opinions of Dr. Baumgarten on the mechanism by which the valves are closed, which he considers of much importance, and with which he professes his concurrence.

The most important points in Dr. Baumgarten's views, are, that during the systole of the auricles, there is either no regurgitation, or of a very trifling amount, from the auricles into the great venous trunks. This, he conceives, is prevented by a circular arrangement of muscular fibres, observed by anatomists to surround the orifices of the veins; by the blood being impelled in the direction of the auriculo-ventricular orifice, in consequence of the greater portion of the muscular fibres of the auricle being inserted into the tendinous border of these openings; and by the *vis à tergo* of the blood; and in the right side, by the valve at the mouth of the vena cava. This latter, however, Dr. Hamernik considers to be inoperative in the adult, and only useful in the fœtus. He attaches great importance to the force of the current of blood flowing in the venous trunks, due to the alternate pressure exercised by the respiratory movements, reflux being prevented during expiration by the valves in the veins at the base of the neck; and in the vena cava inferior, he attributes a valvular action to the displacement of the liver during expiration, which diminishes the calibre of the vein at its passage through the diaphragm. Dr. Baumgarten considers the pulsatory movements observed in the healthy state of parts in the great veins, to depend on the sudden interruption of the current of blood during the auricular systole.

That the auriculo-ventricular valves are closed by the counter pressure of the ventricular blood, suddenly developed by the contraction of the *auricles*. That the cavities of the auricles and ventricles, during the heart's diastole, are distended by the continuous current from the veins; while at this period the valves are to be found floating in the blood in the form of a funnel. That the object of the auricular systole is to induce such an amount of tension in the contents of the ventricles, and of course in the blood surrounding the funnel-shaped arrangement of the valves, as to cause their rapid closure; and that in this way only can regurgitation be prevented. If the heart be removed from the body, and the auricles cut away (it is better, however, to operate with one only), the artery obstructed by ligature, or by filling it with wax, and the cavity of the ventricle filled with a saline solution, the valve is found lying in the position above described. If then a stream of water be directed upon the valve from the height of a foot, so as to imitate the sudden contraction of the auricle, the valve is seen to close with great rapidity. If, however, an attempt be made to imitate the ventricular systole, by squeezing the ventricle with the hand, a large portion of its contents regurgitates before closure is effected.

That the closure is not due to the operation of the *musculi papillares*, but that it is much facilitated by the small specific gravity of the valves, which enables them to float on the surface of the blood.

Dr. Hamernik then proceeds to make some remarks, which he considers in part deducible from the preceding.

1. It is possible that there may occur one or more systoles of the ventricles, unpreceded by any auricular action, forming what is called the "*rhythmus intercurrents*" of the heart's action. In chronic asthma and pneumonia, the blood, powerfully propelled by the expiratory movements, may distend the auricles to such an extent, that they are unable to contract on their contents. In which circumstances, two or more systoles of the ventricles are required before the auricles can unload themselves.

2. The division by the older anatomists of the ventricles into *portio auricularis*, and *portio arteriosa*, is physiologically and pathologically significant. In the former, there is a current of blood until the closing of the auriculo-ventricular valves, continuous with that of the veins. In the latter, a current is esta-

blished by the ventricular systole, continuous with that of the arteries. Where there is no motion of fluid, there can be no murmur; consequently, simple roughness of the mitral valve by exudation, or otherwise, will not give rise to a murmur with the first sound unless the valve be also insufficient.

3. The mechanism by which the valves of the arteries are closed, is similar to that of the auriculo-ventricular valves. Immediately on the contraction of the ventricles, the pressure of the blood attained in the large arterial trunks, acting equally in all directions, effects the closure of the semilunar valves. Their complete closure occurs cotemporaneously with the end of the ventricular systole. When the ventricular diastole begins, the arterial retraction commences, and the wave of reflux from the large arteries falls upon the valves already closed, and thus is produced the clear second sound. There is no regurgitation, which would necessarily be the case to a certain extent were the valves shut only by the returning wave of blood.

4. The first sound of the heart is occasioned by the vibration of the tense auriculo-ventricular valves, acted on by the blood propelled against them during the systole of the ventricles, and the vibration of the chordæ tendineæ. In like manner, the second sound is produced by the impulse of the blood on the semilunar valves already shut, and not by their closure.

5. A double or even a treble sound is sometimes heard over the ventricles, which has been ascribed to various causes, but is probably due to a double vibration of the tense auriculo-ventricular valves—just as a sail struck by the wind may emit several sounds. The same explanation is given when the phenomenon occurs with the second sound.

In contraction of the mitral orifice, there is occasionally heard a peculiar sound termed *cliquetis métallique*, or “audible heart impulse,” and of which different explanations have been offered. According to the author’s experience, all true heart sounds are heard by mediate or immediate auscultation only. This sound, however, is heard at a distance from the chest, and is hence presumed by him to depend on the motion imparted by the heart’s systole to the surrounding elastic tissues.

6. Morbid conditions of the muscular structure of the heart can have no effect in preventing closure of the valves.

7. As the small specific gravity of the valves is assumed to facilitate their closure, anything which can render them specifically heavier, as fibrinous deposits, in the case of debilitated individuals whose blood is of low specific gravity, may be conjectured to interfere with their action. It is in such cases that the re-establishment of an improved condition of the blood removes the murmur, as in typhus fever, severe pneumonia, &c. On similar principles, the author adds, the bruits observed in chlorotic patients, may perhaps be explained.—*Prager Viertel-jahrschrift*, 1847, vol. xi.

[We witnessed the experiments referred to in this paper, when performed by Dr. Hamernik, and have much pleasure in testifying to their accuracy. The experiment, by which it is shown that the auriculo-ventricular valve is closed before, and independently of the ventricular systole, is very easy of performance.

The valves, when cut out of the heart, are found to float readily on the surface of the blood; and probably their specific lightness plays a part in the mechanism of their closure, at least in the human subject; at the same time, that it is far from being essential is indicated in prone animals, and in the case of a man standing on his head. The seat of chlorotic murmurs prevents our attributing them to the cause hinted at by the author.]—*Monthly Retrospect*, Jan. 1849.

ORGANIC CHEMISTRY.

4. *Nature of the Gastric Juice.*—There is even, at the present time, a difference of opinion among chemists, with respect to the nature of the acidifying principle of the gastric juice. Some imagine that the acidity of this liquid is

due to lactic acid, others to hydrochloric acid, and a third party attributes it to the presence of the superphosphates. M. Schmidt, without making any direct experiments upon the subject, is inclined to think that the acidity is occasioned by a complex acid, which, under the influence of heat, is decomposed into hydrochloric acid and pepsine. Liebig, in common with some other chemists, denies the existence of free hydrochloric acid in the stomach; and he believes that, when it is obtained by the simple distillation of the gastric juice, it is formed by the reaction of the lactic and phosphoric acids, which are present in it, on the chlorides; and that they thus give rise to the production of free hydrochloric acid. LEHMANN has recently made a new examination of this subject; and he finds that, when he operates upon the stomachs of dogs, which are placed in a vacuum, in such a manner as to cause the vapours from the gastric juice to traverse a tube containing a solution of nitrate of silver, there is not any indication of free hydrochloric acid, until the concentration of the liquid has been carried so far as to permit the action of the lactic acid on the earthy chlorides. His observations, therefore, confirm the remark of Liebig, as well as the results of Bernard and Barreswill, as to the nature of the acid in the gastric juice.—*Brit. and For. Med.-Chir. Rev.*, Jan. 1849, from *Archiv der Pharm.*

5. *On the Changes which Organic Substances suffer on their passage into the Urine.*—Messrs. WÖHLER and FRERICHS have caused a series of substances, of known composition, whose transformations, under the action of reagents, are also well defined, to pass through the organs of different animals (dogs, rabbits, guinea-pigs, &c.), under favourable circumstances for collecting the excrement and observing the action of the different substances.

Salicylous acid, given with the food in doses of $\frac{1}{2}$ to 4 grammes, was detected unchanged in the urine, not having been converted into hippuric acid, as might have been expected from its isomerism with benzoic acid.

Oil of bitter almonds, free from hydrocyanic acid, was not found to exert a poisonous action, as has been stated by other experimenters. The urine, after its administration, contained hippuric acid. It is therefore converted, by the addition of 2 atoms of oxygen, into benzoic acid, which is subsequently converted into hippuric acid.

Amygdalin is not poisonous; there is, therefore, no substance in the body which can perform the function of emulsion. In two cases only, when given in large doses, it produced drowsiness, from which the animals, however, soon recovered. The breath then gave off an odour of hydrocyanic acid. In other cases these symptoms were not observed, while the urine in all cases smelt strongly of the acid, when mixed with milk of almonds. A portion, therefore, of the amygdalin may have passed off by the kidneys.

Benzoic ether was traced as hippuric acid in the urine.

Peruvian balsam also afforded hippuric acid from the cinnamic acid which it contains, and another substance, which caused the urine to assume a blood-red colour with hydrochloric acid.

Tannic acid was converted into gallic acid, pyrogallie acid, and substances bearing a resemblance to humin.

Urates and allantoin. The normal quantity of uræa was increased 5-fold in the urine of a rabbit by a dose of $2\frac{1}{2}$ grammes of urate of potash.

Oxalate of lime was found in considerable quantity, with an increased amount of uræa in the urine both of man and the dog, after having taken urate of potash.

Allantoin, the other product of the decomposition of uric acid by peroxide of lead, was unsuccessfully sought in the urine.

Allantoin, given in considerable quantity, could not be detected in the urine, nor oxalate of ammonia, the product of its decomposition by boiling potash.

Sulphocyanide of potassium did not exhibit a poisonous action, as has been previously stated by other observers, but it appeared to diminish the activity of the spinal marrow. The sulphocyanide was always detected unchanged in the urine.

Rhodallin, or the combination of oil of mustard with ammonia, was found as

sulphocyanide of ammonium in the urine. Oil of mustard is consequently decomposed in the body, in a similar manner as by soda-lime. What becomes of the allyle could not be ascertained.

Chinon was found to exert no poisonous action; but its decomposition could not be traced, nor was it found in the urine.

Aniline is not poisonous, nor was it present in the urine of the animals to which it was administered.

Carbolic acid, or hydrate of phenyle, acted as an energetic poison. It appears probable that this substance is one of the active principles in castoreum, and the study of its physiological action might possibly lead to the discovery of some substitute for that very expensive drug.

Alloxantin. This substance passed through the kidneys in considerable quantity; it did not appear to undergo any change into alloxan, but a more than normal quantity of urea was detected in the urine after its administration.

Urea was not converted into carbonate of ammonia, as was anticipated. The urine continued acid, and the urea probably passed off as such.

The authors find that arsenic acid is less poisonous than arsenious acid, and appears to undergo reduction to the state of arsenious acid in the gut. Arseniate of lime, lately discovered in many mineral waters, is also poisonous in large doses.

Pure phosphoric acid exerted no poisonous action whatever, whereas phosphorous acid caused death in every case that it was administered.—*Quarterly Journ. of Chemical Society*, Jan. 1849, from *Ann. der Chem. und Pharm.*, lxx.

6. *On the Chemical Changes of Respiration*. By MM. REGNAULT and REISET.—A new and very extended series of experiments on the subject have been instituted by MM. Regnault and Reiset, who give minute details of the several steps of the process employed by them, the precautions taken, and the kind of apparatus used. Their investigations, which are still in progress, seem to be performed with much care and exactness, and their results may probably be fully relied on. The most important of these results is, that nitrogen is invariably exhaled through the lungs, though the quantity is small, rarely exceeding $\frac{1}{100}$ th of the amount of oxygen consumed. Hydrogen, and certain carburetted gases, usually present themselves in small quantity. As an illustration of the changes which Regnault and Reiset found to occur in the respired air, the following results of an experiment, in which a young dog was confined in the apparatus for $24\frac{1}{2}$ hours, may be quoted:—

	Grammes.*
Oxygen consumed	182.288
Carbonic acid produced	185.961
Oxygen contained in the carbonic acid	135.244
Nitrogen disengaged	0.1820

If the quantity of oxygen consumed be represented at 100, then the results may be thus stated:—

Oxygen consumed	100
Oxygen in the carbonic acid	74.191
Oxygen otherwise disposed of	25.809
Nitrogen disengaged	0.0549
Average quantity of oxygen consumed in an hour	7.44

London Med. Gaz., Oct. 1848, from *Comptes Rendus*, 1848.

7. *Source of Sugar in the Animal Economy*.—Dr. BERNARD, from an ingenious series of experiments, an account of which we are compelled, by want of space, to defer until our next number, has come to the conclusion—that diabetic sugar is a normal ingredient in the blood and liver of animals;—that the formation of sugar takes place in the liver, independently of saccharine or feculent food; and that this formation of sugar commences before birth.—*Archives Générales de Méd.*

* A gramme equals about $15\frac{1}{2}$ grains English.

MATERIA MEDICA AND PHARMACY.

8. *On Cod-Liver Oil.* By JONATHAN PEREIRA, M. D., F. R. S.—The oils obtained from the livers of the different species composing the tribe *Gadidae*, appear to be very similar in their physical and chemical qualities, and there is good reason for believing that they agree in their medicinal properties. To all of them the term *oleum jecoris aselli*, *oleum jecoris gadi*, or cod-liver oil, is indiscriminately applied, though it is commonly used, especially in this country, to indicate the oil procured from the liver of the common cod (*Gadus morrhua*, Cuv.). It would be better, therefore, to employ the term *oleum jecoris morrhuae*, or simply *oleum morrhuae*, when it is intended exclusively to designate the latter oil.

De Jongh, in his *Disquisitio comparativa chemico-medica de tribus olei jecoris aselli speciebus*, published at Leyden in 1843, states that the Bergen (Norwegian) oil is principally obtained from three species—viz., the dorse (*Gadus callarias*), the coal-fish (*Gadus carbonarius*), and the pollack (*Gadus pollachius*), but chiefly from the first.

In general, continental writers distinguish three varieties of cod-liver oil, one white or pale yellow; a second brownish-yellow; a third dark-brown. But between the finest pale yellow or almost colourless oil, and the dark brown cod-oil used by curriers, there is an almost infinite variety of shades, so that no absolute difference can be founded on colour only.

De Jongh made, in Mulder's laboratory, a very elaborate analysis of three kinds of cod-liver oil, the properties of which he thus describes.

Three kinds of cod-liver oil are admitted and described by the writer just quoted. These are *pale*, *pale brown*, and *brown*.

1. *Pale cod-liver oil.*—Golden yellow; odour not disagreeable; not bitter, but leaving in the throat a somewhat acrid, fishy taste; reacts feebly as an acid; sp. gr. 0.923 at 63 deg. 5 Fahr. Cold alcohol dissolves from 2.5 to 2.7 per cent. of the oil; hot alcohol from 3.5 to 4.5 per cent.; in ether it is soluble in all proportions.

2. *Pale brown cod-liver oil.*—Colour that of Malaga wine; odour not disagreeable; bitterish, leaving a slightly acrid fishy taste in the throat; reacts feebly as an acid; sp. gr. 0.924 at 63 deg. 5 Fahr. Cold alcohol dissolves from 2.8 to 3.2 per cent. of oil; hot alcohol from 6.5 to 6.8 per cent. Ether dissolves it in all proportions.

3. *Dark brown cod-liver oil.*—Dark brown, is transmitted light greenish, in thin layers transparent; odour disagreeable, empyreumatic; taste bitter and empyreumatic, leaving behind in the fauces an acrid sensation; reacts feebly as an acid; sp. gr. 0.929 at 63 deg. 5 Fahr. Cold alcohol dissolves from 5.9 to 6.5 per cent. of it; hot alcohol from 6.5 to 6.9 per cent. In ether it is soluble in all proportions.

De Jongh found the principal constituents of these oils to be *oleate* and *margarate* of *glycerine*, possessing the usual properties. But they also contained *butyric* and *acetic acids*, the *principal constituents of the bile* (bilitellinic acid, bilifulvin, and cholic acid), *some peculiar principles* (among which was the substance called *gaduin*), and not quite one per cent. of *salts*, containing iodine, chlorine, and traces of bromine. Moreover, he found that the oils always contained free *phosphorus*.

The following table shows the proportions of the constituents in the pale oil:—

Constituents.	Pale oil.
Oleic acid (with <i>Gaduin</i> and two other substances)	74.03300
Margaric acid	11.75700
Glycerine	10.17700
Butyric acid	0.07436
Acetic acid	0.04300
Fellinic and cholic acids, with a small quantity of margarine, oleine, and bilifulvin	0.04300

Bilifulvin, bilifellinic acid, and two peculiar substances	0.26800
A peculiar substance, soluble in alcohol	0.00600
A peculiar substance, insoluble in water, alcohol and ether	0.00100
Iodine	0.03740
Chlorine, and traces of bromine	0.14880
Phosphoric acid	0.09135
Sulphuric acid	0.07100
Phosphorus	0.02125
Lime	0.15150
Magnesia	0.00880
Soda	0.05540
Iron	—
Loss	3.00943
Cod-liver oil	100.00000

There is some slight differences in the composition of the three kinds of oil. Whether these are constant or accidental, further investigations are required to determine. But from De Jongh's analyses, it would appear that the *pale* oil is richest in oleic acid and glycerine—that the *brown* oil contains the largest amount of margaric, butyric, and acetic acids, and of the substances peculiar to cod-liver oil—and, lastly, that the *pale brown* oil is richest in iodine and saline matters.

I now proceed to notice in detail some of the substances which enter into the composition of this oil.

1. *Gaduin*.—This is a brown substance which is soluble in alcohol, but is rendered insoluble by evaporating its solution to dryness. It is odourless, tasteless, and of a dark brown colour, and is completely insoluble in water, but is for the most part soluble in both ether and alcohol. Its insoluble portion augments every time the solution is evaporated. When dry, it is brittle and pulverizable. It is insoluble in both nitric and hydrochloric acids. In sulphuric acid it dissolves, and acquires a blood-red colour, but from this solution it is precipitated both by water and alkalis. It is soluble in alkalis.

The *insoluble modification of gaduin*, to which allusion has already been made, is blackish-brown, pulverizable, insoluble in water, alcohol, ether and diluted sulphuric acid, but by concentrated sulphuric and hydrochloric acid is converted into a black powder, without freely dissolving: in hot nitric acid it gradually and completely dissolves. It dissolves in alkalis, forming a red-coloured solution.

Berzelius states that, when he read De Jongh's account of gaduin, he was struck with the analogy of the reactions of this substance with those of bilifulvic acid, and he tells us that he was disposed to think that gaduin is primitive bilifulvic acid, and that the reddish-brown substance, insoluble both in alcohol and water, which he (Berzelius) separated from bilifulvin by long and numerous operations, is only the insoluble modification of gaduin. This point, however, at present remains undetermined.

Gaduin is contained in all the three varieties of oil examined by De Jongh. At first it is yellow, but under the influence of atmospheric air it acquires a brown colour.

2. *Fatty acids; margaric and oleic acids*.—These acids, as obtained from cod-liver oil, do not appear to differ in their nature and composition from the same acids procured from other sources.

3. *Glycerine*.—This was obtained by saponifying cod-liver oil by caustic soda. The residual lye was decanted from the soda-soap, saturated with sulphuric acid, and the sulphate of soda separated by crystallization. The residual glycerine was compared with glycerine procured from olive-oil and lead, and found to be darker coloured. All these kinds of glycerine were decolorized by adding basic acetate of lead to the glycerine solution, though they again became coloured when submitted to evaporation.

4. *Bile constituents*.—When cod-liver oil is shaken with water, an emulsion is obtained from which the oil slowly separates. The aqueous liquid becomes clear

by filtration. That which had been obtained by shaking the brown oil with water was coloured and empyreumatic; but the other kinds of oil did not colour the water. The liquid invariably had a slightly acid reaction, and the oil which had been shaken with it was clearer, had a feebler odour, and reacted less powerfully as an acid. By boiling the oils with water, the same results were obtained. By evaporation, the aqueous fluids from all the three kinds of oil yielded a reddish-brown extract, which, softened by heat, was slightly soluble in water, was more soluble in ether, and completely so in alcohol. Alkaline solutions dissolved it, and acids threw it down again in the form of a reddish-brown flocculent precipitate. The extracts had a peculiar odour and a bitterish taste.

By ether, a reddish-brown, transparent, glutinous extract was obtained, which melted by heat, stained paper, and had the odour and taste of bile. After some time, small crystals made their appearance in it. It was slightly soluble in water, but readily so in ether as well as in alcohol. A solution of carbonate of ammonia being added to its ethereal solution caused the separation of the mixture into two layers, an upper turbid layer, which by evaporation yielded some drops of *olein*, some crystals of *margarin*, and a *brownish mass* which was identical with that procured by the evaporation of the lower layer. This brown mass had a bitter taste, was separated by water into a soluble and insoluble portion, and consisted of *fellinate* and *cholate of ammonia*.

The extract which had been exhausted by ether, yielded to alcohol a blackish-brown, odourless, bitter, shining, hygroscopic mass, which dissolved with difficulty in water, and consisted of *biliverdin*, *bilifulvin*, and *bilifellinic acid*.

Dilute spirit removed from the residual extract a black shining substance, soluble in alkalis, concentrated sulphuric acid, and hot acetic acid, but insoluble in nitric and hydrochloric acids. From its alcoholic solution, baryta-water and acetate of lead precipitated it of a brown colour. It left no residue by burning.

The residue of the aqueous extract, left after the action of the three above-mentioned solvents, contained an *organic substance* (whose nature has not been determined) and *inorganic salts*, in which chlorine, phosphoric and sulphuric acids, lime, magnesia and soda were found, but no potash or iodine.

5. *Iodine, bromine and chlorine*.—Considerable, though as I conceive unnecessary, importance has been given to the fact that cod-liver oil frequently or usually contains both iodine and bromine. To the presence of one or both of these substances has been ascribed the whole or part of the remedial efficacy of the oil. A little consideration, however, would be sufficient to prove that their therapeutical agency in the oil must, if any, be exceedingly small. The proportions in which they exist in the oil are inconstant, though in all cases very small. Moreover, beneficial effects have been produced by the use of the oil, which neither iodine nor bromine is capable of producing.

Some chemists have failed to detect *iodine* in cod-liver oil. De Jongh says, that it is present in every genuine oil, but that the only certain mode of detecting it is to saponify the oil, and carbonize the resulting soap. He confirms Stein's remark, that neither by immediately carbonizing the oil, nor by saponifying it, and then decomposing the soap by acids, can the iodine be detected. It follows, therefore, that iodine exists in the oil neither in the free state nor in that of metallic iodide, but probably in organic combination—perhaps, as an iodine fatty acid.

The largest amount of iodine found in genuine oil is less than 0.05 per cent. If the amount obtained be larger than this, fraud may be suspected. It is said by Dr. Martiny that some dishonest druggists have introduced iodine into the oil for the purpose of augmenting its commercial value. Nay, it is stated that an artificial cod-liver oil has been made by combining iodine with common fish or train oils.

De Jongh detected *bromine* in the oil by Balard's process. The carbonized soap was digested with alcohol, and the alcoholic extract treated with chlorine gas and ether. Its proportion was estimated in conjunction with that of chlorine, as the quantity was too small to admit of accurate separation.

The *chlorine* was determined by precipitating it as chloride of silver from the watery extract of the carbonized soap.

6. *Phosphoric and sulphuric acids.*—*Phosphorus.*—De Jongh determined the presence and quantity of these ingredients in the following way:—The oil was saponified by potash, and the soap thus obtained decomposed by hydrochloric acid, by which the fatty acids were separated. From the solution the phosphoric acid was precipitated by a nitrate of iron (whose proportions of oxide was known) and ammonia, and the sulphuric acid by means of nitrate of baryta.

In order to determine the presence and quantity of free phosphorus or sulphur, a given quantity of oil was decomposed by concentrated nitric acid, and the quantity of phosphoric and sulphuric acids in the oxidized liquid ascertained by the above-mentioned method. More phosphoric acid was procured from the oxidized than from the unoxidized liquid, and the proportion of phosphorus was calculated from the excess of acid.

7. *Acetic and butyric acids.*—De Jongh separated these volatile acids from cod-liver oil. Rancid cod-liver oil emits an odour like common fish, or train-oil, and we might, therefore, expect that phocenic acid would be a constituent of cod-liver oil. De Jongh did not detect it; but thinks that phocenic acid may perhaps be resolvable into acetic and butyric acids—a supposition somewhat improbable, seeing that phocenic acid contains considerably more carbon than either butyric or acetic acid. Berzelius observes, that the presence of acetic acid in cod-liver oil, in a form which is not extractable by water, is remarkable, because it leads to the supposition that it is contained in the form of a peculiar fat, which would be the acetate of lipule.

The characters by which we judge of the genuineness, purity and goodness of the oil are partly physical, partly chemical.

The physical characters which are usually employed are principally colour, odour and flavour. The finest oil is that which is most devoid of colour, odour and flavour. The oil as contained in the cells of the fresh liver is nearly colourless, and the brownish colour possessed by the ordinary cod oil used by carriers is due to colouring matters derived from the decomposing hepatic tissues and fluids, or from the action of air on the oil. Chemical analysis lends no support to the opinion, at one time entertained, that the brown oil was superior, as a therapeutical agent, to the pale oil. Chemistry has not discovered any substances in the brown oil which could confer on it superior activity as a medicine. On the other hand, the disgusting odour and flavour, and nauseating qualities of the brown oil, preclude its repeated use. Moreover, there is reason to suspect that, if patients could conquer their aversion to it, its free use, like that of other rancid and empyreumatic fats, would disturb the digestive functions, and be attended with injurious effects.

Of the chemical characters which have been used to determine the genuineness of cod-liver oil, some have reference to the iodine, others to the gaduin or to the bile constituents. I have already stated that some fraudulent persons are said to have admixed iodine (either free iodine or iodide of potassium) with train oil to imitate cod-liver oil. The presence of this substance may be readily detected by adding a solution of starch and a few drops of sulphuric acid, by which the blue iodide of starch is produced; or the suspected oil may be shaken with alcohol, which abstracts the iodine.

But though we may thus readily prove that the suspected oil contains no artificially added iodine, the iodine which is naturally contained in, and more intimately combined with, the oil, may be frequently recognized by another process. Marchand gives the following directions for detecting it:—Saponify the oil with soda, carbonize the soap thus obtained, digest the coal in distilled water, add a drop of starch paste, and subject the mixture to the action of a voltaic battery, the positive pole being placed in contact with the starch paste, the negative pole with the solution. If iodine be present, the starch becomes blue. Marchand states that, by this test, the iodine can be detected in the urine of a patient soon after he has taken the oil. This, however, is certainly not always correct, for I submitted the urine of a young gentleman, who for several weeks had taken with great benefit a tablespoonful of cod-liver oil thrice daily, to the action of a galvanic battery of fifty pairs of plates for several hours, without obtaining the slightest evidence of the presence of iodine.

Sulphuric acid has been employed as a test for cod-liver oil. If a drop of concentrated sulphuric acid be added to fresh cod-liver oil, the latter assumes a fine violet colour, which soon passes into yellowish or brownish-red. Some samples of oil produce at once the red colour, without the preliminary violet tint. Göbley, who noticed this reaction in the case of oil of the liver of the ray, says, that oil which has been prepared by ebullition in water, does not possess this property, but yields with sulphuric acid a clear red colour. This, however, is an error, at least with respect to cod-liver oil. It has been erroneously supposed by some persons that this violet colour was due to the evolution of iodine by the action of the acid on an alkaline iodide contained in the oil. If that were the case, the presence of a little starch-paste would be sufficient to convert the violet into an intense blue colour; which is not the case. The coloration in fact depends on the action of the sulphuric acid on some one or more organic constituents of the oil, and the following facts lead me to infer that it is in part due to the presence in the oil of one of the constituents of the bile.

It is well known that, in 1844, Pettenkofer pointed out a new test for bile. If to a liquid supposed to contain bile, about two-thirds of its volume of oil of vitriol be added, the liquid kept cool, a few drops of a solution of cane-sugar (four or five parts of water to one of sugar) be added, and the mixture shaken up, a violet red colour is produced, provided bile be present. This test succeeds very well, if we dissolve a little extract of ox-bile in water, and test the solution with sugar and oil of vitriol. The colour developed agrees with that produced by the addition of oil of vitriol to cod-liver oil, which De Jongh has shown, contains the essential constituents of the bile.

Pettenkofer remarks, that the presence of a very great excess of chlorides will change the violet-red colour into a brownish-red. This fact is deserving of notice, because it may aid in accounting for the fact that some specimens of cod-liver oil strike a brownish-red, not a violet-red colour, with oil of vitriol.

Strecker confirms Platner's observation that both cholic and paracholic acids produce the same colour with sugar and oil of vitriol, as bile does; so that Pettenkofer's test doubtless acts on one or both of these acids. Now de Jongh has shown that cholic acid is contained in cod-liver oil, and we have, therefore, good reason for believing that it is in part by the action of oil of vitriol on this acid that the violet-red colour is produced in cod-liver oil; but it is well known that for the development of this colour in bile it is necessary to use, besides oil of vitriol, a third agent (sugar). Pettenkofer observes that for cane-sugar we may substitute grape-sugar or starch; in fact, any substance which can by the action of oil of vitriol be converted into grape-sugar. No such substance has hitherto been detected in cod-liver oil, and therefore it may be said the necessary ingredient to produce this characteristic reaction of oil of vitriol on cholic acid is wanting. Strecker has recently supplied the wanting link. In his valuable paper on ox-bile, to which I have already referred, he observes that acetic acid may be substituted for sugar. To the liquid supposed to contain bile add a few drops of acetic acid, and then concentrated sulphuric acid, when a magnificent purple-red colour is developed. If the quantity of bile be small, it may be necessary to use heat. Now, as cod-liver oil contains acetic acid, we have the requisite agent to enable the oil of vitriol to act on the cholic acid, and the development of the purple or violet-red colour is then readily accounted for.

I have already noticed the red colour produced by the action of oil of vitriol on gaduin (supposed by Berzelius to be derived from the bile). Here, then, is another source for the red colour caused by the action of sulphuric acid on cod-liver oil.

It follows, therefore, from what has been now stated, that oil of vitriol is a test for liver oils. It does not distinguish one liver oil from another, for it reacts equally with the oil of the liver of the ray and with the oil of the liver of the common cod. Neither does it distinguish good cod-liver oil from bad, for it produces its characteristic reaction both with common brown cod oil, and with the finest and palest qualities. But it serves to distinguish oil procured from the liver, from oil obtained from other parts of the animal.—*Dub. Med. Press*, Feb. 16, from *Pharmaceutical Journal*.

9. *Physiological and Therapeutic Action of Atropia.* By MM. BOUCHARDAT and STUART-COOPER.—The authors of this memoir maintain the superiority of atropia over the other preparations of belladonna for internal as well as external use, and have undertaken the present investigation to determine with more accuracy its physiological and medicinal action.

It was already known that rabbits could eat belladonna leaves with impunity; and MM. Bouchardat and Cooper have repeated the experiment in a very conclusive manner. Two rabbits were fed exclusively on belladonna leaves for a month without their health suffering in the slightest degree. The only observable effect was slight dilatation of the pupil.

To determine whether or not this inactivity was owing to the destruction of the active principle in digestion, they placed under the skin of a rabbit, successively at several days' interval, 1 centigr., 5 centigr., and 0.15 gramme ($\frac{1}{4}$ —17 grs.) without giving rise to more than temporary uneasiness. [The authors observe, "Their experiments demonstrate that the atropine cannot be considered a poison to rabbits." We do not think that the experiments warrant this conclusion, inasmuch as the atropine was introduced into the cellular tissue in the solid form. The fluids which it meets with there, having an alkaline reaction, are not adapted for its solution, and hence the absorption of the poison is probably conducted very gradually. Now, a dose of any narcotic, however powerful, which would prove poisonous if taken at once into the circulation, will exert little or no effect if introduced in a very slow and gradual manner. It is very possible, therefore, that if the atropine in the above experiments had been employed in the form of solution, the result would have been different.]

Introduced in the solid form into the cellular tissue of dogs in doses of $1\frac{1}{2}$ and $2\frac{3}{4}$ grs., it occasioned, after a few minutes, weakness, inability to walk, and shivering. After an hour or two, these symptoms disappeared, and the animals recovered their normal state.

Ten centigr. ($1\frac{1}{2}$ grs.) dissolved in some water, with the aid of a drop of muriatic acid, were injected into the crural vein of a moderate-sized dog. Immediately the animal uttered an acute and prolonged cry, then suddenly fell, to all appearance, dead, with the body relaxed and motionless. Five to six minutes passed without any appearance of life; then he began to moan slightly, and to the great surprise of the experimenters, rapidly recovered. This experiment was often repeated with the same result, the dose being so high, in one instance, as 0.30 gramme ($4\frac{3}{4}$ grs.). Thus, although its action in dogs is very remarkable, its power to destroy life does not appear great.—*Monthly Retrospect*, Jan. 1849.

10. *The Advantages of Chloride of Gold as a Caustic.* By M. CHAVANNES.—MM. Récamier and Légrand signalized the advantages of the chloride of gold as a caustic many years ago—and our author confirms their statements from observations made chiefly in the treatment of lupus and syphilitic tubercles and ulcers. M. Chavannes maintains that the chloride of gold destroys less than the other caustics, and, when the crust separates, cicatrization is found in a forward state of advancement. The cicatrix which remains after the use of this chloride, is said to be less marked than when other caustics are employed. It is prepared thus: gold leaf one part, hydrochloric acid three parts, nitric acid one part.—*Month. Ret.*, Feb., from *Gaz. Méd. de Paris*, Dec. 23, 1848.

11. *Nutritive Properties of Bran.*—M. MILLON has communicated to the Academy of Sciences the result of some interesting investigations of his concerning the ligneous matter of wheat, whence it would appear that bran is a very nutritive substance. Though bran doubtless contains from five to six per cent. more ligneous substance than flour, it presents more nitrogenous matter, twice as much fatty matter, and moreover two distinct aromatic principles, one of which possesses the fragrance of honey; and these are both wanting in flour. Thus, by sifting this wheat impoverished in nitrogenous matter, fat, fecula, aromatic, and sapid principles, in order to free it from a small proportion of ligneous substance. M. Millon, therefore, thinks that bran and meal ought to be ground over again and mixed with the pure flour, and he has found, by repeated

experiments, that this mixture yields a superior kind of bread, and free from the inconveniences of that bread which, in some countries, and particularly in Belgium, is made with coarse meal.—*Lancet*, Feb. 10, 1849.

12. *Vegetable Infusions*.—M. DONOVAN says, that infusions of angustura, orange-peel, cloves, cascarilla, catechu, colomba, gentian, quassia, rhubarb, senna, simarouba, valerian, and perhaps others, may be easily made to assume the concentrated form. If these infusions be directed to be prepared four times the strength of those at present in use, then one part mixed with three of water, will give the article required. The liquor on which the infusions are to be made should be a mixture of three parts of water with one spirit of wine. An infusion made in this way will remain unchanged for any required time, at least a year, and perhaps many years. If an ounce of such an infusion be mixed with three of water, each tablespoonful will contain one-quarter of a drachm of spirit which could not do injury, even though repeated every two hours. It will, perhaps, answer the purpose better to make use of the mixture of spirit and water, for infusing the materials, than to use mere water, and afterwards to add spirit. In the latter method a precipitation of gelatinous flakes, sometimes considerable in quantity, takes place, which very slowly subsides, and constitutes no small portion of the total bulk. In the former method, this inconvenience is in a great measure avoided, although there is a trifling loss of spirit. The residuum in each case should be submitted to the screw press. Such concentrated infusions would in all probability become articles of manufacture with the large druggists and the manufacturing chemists; and thus would the apothecary be relieved of a vast deal of unavailing trouble.—*Dublin Med. Press*, Dec. 20, 1848.

MEDICAL PATHOLOGY AND THERAPEUTICS AND PRACTICAL MEDICINE.

13. *Case of Hydrophobia Spontanea*. By Dr. MOMBERT.—Such is the appellation bestowed by Dr. Mombert upon a case recently published by him, of a most interesting character in its details, though unfortunately imperfect, from the absence of a post-mortem examination.

Dr. Mombert was sent for early on the morning of the 24th July to see a lad (æt. 12), who had been indisposed for a day or two before, apparently from having become chilled while hot. He found him with a slow and feeble pulse, pain in the head, contracted pupils, and difficulty of deglutition; his secretions, tongue, and skin being in a normal condition. While quietly talking, he suddenly started from the arms of his parents, struck his head with the rapidity of lightning, screamed aloud, and distorted his eyes and limbs in the strangest manner. In a few minutes all was calm, and he continued his narration. This paroxysm produced little effect upon his pulse, and was repeated with the same vehemence every few minutes, the attacks differing from epilepsy, in the retention of complete consciousness. Sinapisms to the feet, warm clysters, and calomel, were ordered.

Two hours after, the author found the parents vainly engaged in trying to administer a powder in water, the child declaring he could not swallow, and raging frightfully when they attempted to make him do so. He crushed the spoon between his teeth, and the fluid flowed out at the angles of the mouth. The same occurred when water or chamomile tea was offered. He ate an apple, however, thick potato-soup, and the like, with appetite. He declared his willingness to take anything, but that he could not get fluids down, and shuddered at their mere sight. No affection of the throat existed. The paroxysms of convulsions, screams, and raging continued, so that several strong men could scarce restrain him. As the carotids beat strongly, the pulse had become hard and quick, and the pain in the head was very great, cold was ordered to the head, and a venesection at the foot. But when the patient attempted to place his foot in water, the hydrophobic symptoms redoubled in intensity; and when, by the

exertions of four men, he was made to do so, the ghastliness of his features evidenced the anguish he endured. His respiration became short; he could neither swallow nor spit out his saliva; and now commenced biting those about him. For a while after the Vs., the paroxysms seemed less intense, but towards the afternoon, they returned as badly as ever; his propensity to bite those about him, or even himself, increasing. When those who held him slackened their hold, he, in the full possession of consciousness, entreated his friends to keep at a distance, lest he should bite them. No mitigation after this occurred, and he died at three in the afternoon. The most careful external inspection showed no traces of any bite, and his relatives felt certain he had not been bitten; and yet the symptoms were not to be distinguished from those which the author had witnessed in true hydrophobia. All the persons bitten by him continued well.—*Brit. & For. Med.-Chir. Rev.*, Jan. 1849, from *Walther & Ammon's Journ.*, Bd. viii.

14. *On Muscular Rheumatism.* By M. VALLEIX.—The essential character of this affection is *pain*, and no anatomical lesion belongs to it, unless it become complicated with other affections. It possesses various analogies with neuralgia, and the two affections may be easily transformed into each other. If the pain remain concentrated in the nerves, we find isolated, characteristic, painful spots—a *neuralgia*, properly so called. If it spread to the muscles, the contractions of these are especially painful, and *muscular rheumatism* is present; while if it extend to the skin, we have a *dermalgia*. All these forms of the same affection may unite together, or by two and two.

The *diagnosis* of *acute* muscular rheumatism from inflammation is generally easy, owing to the absence of the well-known signs of the latter. It becomes more difficult when the muscles over a joint are those affected; and on no account can the identity of muscular and articular rheumatism be admitted. In respect to its diagnosis from neuralgia, it may be observed that it is much more rare to mistake a rheumatism for a neuralgia, than the reverse. In rheumatism, the pain and tenderness are more diffused, and are found rather at the attachments of muscles than in the course of the nerves. Muscular action causes an amount of suffering altogether disproportionate to the other spontaneous or excited pains; while in neuralgia the reverse is generally observable.

Prognosis. *Chronic* muscular rheumatism is more obstinate than *chronic* neuralgia; while exactly the reverse is true of the *acute* form. However severe, it is rare to see it continue longer than a week: while neuralgia may persist, with all its original severity, for weeks or months. Rheumatism is generally a far less serious affection than neuralgia; it does not produce the same perturbation of the economy, and is more easily dissipated. The same is true of the *chronic* form, for we only now and then see paralysis of one or several muscles result; while the subject of neuralgia not unfrequently continues to lead a miserable existence, deprived of the use of his limbs.

Treatment. These two diseases have too often been treated alike, and with great mischief to the subjects of them; for while bleeding may benefit rheumatism, it is very hurtful to neuralgia; and flying blisters and intercurrent cauterization, so useful in acute neuralgia, are of little avail in rheumatism. In *chronic* cases, hydrotherapeia, shampooing, and thermal waters are more useful in rheumatism than in neuralgia: but in this stage the treatment of the two diseases approximates much more than in the acute one.

Among the different species of muscular rheumatism may be noticed that which affects the *muscles of the head*; sometimes the occipito-temporal, the masseters, or temporals, and at others the muscles of the eyes or cheeks being those which suffer. This pain is distinguished chiefly by the exacerbation which is produced by causing the sudden movement of the muscles affected; furnishing a far stronger contrast with the spontaneous pain than is the case with other pains of the head, as well as by being limited to the muscles in question. This form best yields to the external application of the *cyanide of potassium*; and of all forms of cephalalgia it is that which is least benefited by blistering the nape, so indiscriminately resorted to. This rheumatism of the head is found also generally worst on rising in the morning, especially in *moderately* cold and damp weather. This is attributable to the parts having been exposed to the cold

during the night (from which they would have been protected in *very* cold weather), and the simple precaution of covering them with a cap or handkerchief has not unfrequently relieved pains which have long obstinately persisted.

Besides a *torticollis*, rheumatism may show itself in the cervical region in the form termed by the author *cervicodynia*, in which there is a very variable amount of dull pain felt along the cervical region, and even extending to the epicranial muscles. It is much aggravated by stretching the head backwards, or keeping it bent forwards. It is easily transformed into a neuralgia, and may become confounded with this, as it may with congestion of the brain, when it extends to the pericranial muscles. The most successful means are, sea-water baths, cold affusion, cupping, and acupuncture. When the affection becomes chronic, it is very obstinate.

One of the most obstinate forms of muscular rheumatism, as also one of the most important, as it may lead to *paralysis of the deltoid*, is *rheumatism of the muscles of the shoulder*. In its acute form, it is distinguished with difficulty from articular rheumatism or acute arthritis. In its chronic form, it sometimes induces the above-named paralysis. Several cases are related by authors, in which paralysis supervened on painful affections of the shoulder; but these are, for the most part, too imperfectly reported to enable us to judge whether this arose from chronic muscular rheumatism or inflammation. Others are more explicitly detailed, and two of these are quoted by the author, in which acupuncture, after the failure of other remedies, effected a cure.—*Brit. and For. Med.-Chir. Review*, Jan. 1849, from *Bulletin de Thérapeutique*, tom. xxxv.

15. *On Bilious Pneumonia*.—Dr. MARTIN SOLON relates two cases confirmatory of the existence of this form of pneumonia, formerly so generally, and now so rarely admitted; and he believes that the epidemic bilious pneumonias and pleurisies of the older writers were correctly described as such, just as sporadic cases may be at the present time. A chief circumstance that has prevented the recognition of bilious pneumonia, is the fact of the occasional co-existence of a pneumonia with inflammation of the liver or biliary canals. It is true we have here biliary symptoms, such as jaundice, &c.; but these depend upon the hepatitis, and yield to the antiphlogistic treatment which is as proper for it as for the pneumonia. Here the symptoms of the two diseases are found united, and with the burning skin we have the full hard pulse, and red, dry, cracked tongue; while the green colour of the serum of the blood, developed by nitric acid, diminishes in proportion as the phlegmasia is relieved. But the case is different when the biliary affection is a simple secretory modification, whose influence, without changing the physical signs of the pneumonia, gives to the general condition, and to the progress of the disease a peculiar character—the pneumonia now resisting continued antiphlogistics, and yielding to evacuants. In one of the cases here related, the pneumonia which had resisted two venesections, yielded after free bilious stools were procured by purgation—the amount of biliverdine of the serum of the blood (obtained by a local bleeding) being also diminished. In the second case, the elements of the bile were found not only in the serum, but also in the urine and the expectoration. The severity of the disease did not diminish after the loss of 60 oz. of blood, the tinge of the serum becoming also deeper and deeper after each venesection; and real amelioration only took place after copious bilious stools had been procured, and the serum of a small exploratory blood-letting then furnished no further traces of bile. Cases like these should lead us to admit the truth of Stoll's description of bilious epidemics; and that he had no preconceived ideas upon the subject, is shown by the fact that he knew not at first what treatment to pursue.

Nothing can be more easy than the detection of the biliverdine in the serum. If we drop 10 or 12 drops of nitric acid into two or three spoonfuls, the colouring matter will be found to dispose itself in different coloured zones, one over the other. At the bottom of the glass is seen the yellow colour which all animal matter assumes on combining with the acid: a little above this we see a rose-coloured zone, and a little higher still, other zones of different shades of bluish-green; and finally a zone of more or less deep green. The same zones

thus disposed rainbow-wise, may also be seen in the urine; but as respects the expectoration, nothing but the green is developed.

M. Solon remarks that tartar emetic employed in pneumonia, sometimes cures by its contra-stimulant power without inducing vomiting; but at other times it does so by exciting bilious evacuations.—*Brit. and For. Med.-Chir. Review*, Jan. 1849, from *Bulletin de Thérapeutique*, tom. xxxv.

16. *Melæna Neonatorum*. By Dr. RILLIET of Geneva.—The new circumstances in which is placed the infant, the delicacy of its organs, the novelty of the functions they are suddenly called upon to perform, predispose it to certain forms of hemorrhage, more special in their causes than in their symptoms or results. The most frequent are those which occupy the brain, or spinal cord; the former bears the name of apoplexy, the latter of tetanus. A more uncommon variety is hemorrhage from the stomach or bowels, and is known under the denomination of *melæna neonatorum*. Hesse (in 1825), Rahn Escher, of Zurich (1835), Kivish, and Hoffman, have published isolated instances of the disease; Billard and Barrier, in France, also speak of the complaint; and two cases were published in England by Dorington and Gairdner.

In referring to the cases hitherto published, children of the male sex seem, more than female infants, predisposed to the malady, and it usually occurs during the first four days of extra-uterine life. The predisposing causes should be sought for in the naturally congested state of the gastro-intestinal mucous membrane of infants—a circumstance which may be increased by enlargement of the liver or spleen, or any other cause of obstruction within the abdomen sufficient to occasion hemorrhage; and, secondly, in the difficult establishment of respiration. The lungs not admitting readily the blood, that fluid distends the other organs, and specially the already congested intestines.

The disease more frequently makes its appearance after the evacuation of meconium; the discharge of blood from the anus is usually the first symptom, and in more than one-half of the cases precedes hematemesis. The hemorrhage is generally considerable, and in most cases attains its height during the first twenty-four hours. The general symptoms are those habitually concomitant with loss of blood, viz., paleness of the face, refrigeration of the surface and extremities, extreme feebleness of the pulse, irregularity of respiration, and (seldom) convulsions. The local symptoms are all negative; the infants are too weak to suck, the abdomen is not tender or distended. M. Rahn Escher specially insists upon the consequences of the loss of blood upon the constitution of the child. The patient remains pale, thin, and subject to diarrhœa and convulsions.

With regard to the prognosis of the malady, Dr. Rilliett observes, that of twenty-three cases on record, the issue was fatal in eleven cases; in nine of the remaining instances, the recovery was rapid and complete; but in the three others the constitution remained a long time much deteriorated by the illness. The treatment recommended by M. Rilliett consists in cold applications to the abdomen, whilst heat is carefully applied to the extremities. Enemata he rejects as useless, because their action is confined to the large intestine, which is not the seat of the disease. The nurse's milk should be given in a spoon until the child has recovered sufficient strength to take the breast, and a gentle cordial should be exhibited in cases of alarming weakness.—*Med. Times*, Jan. 6, from *Gaz. Méd. de Paris*.

17. *Chorea*.—Dr. ELAM, in a paper read before the Sheffield Medical Society, (Nov. 16th, 1848), observed that the disease now known by the name of chorea seems to be perfectly distinct in its nature from that to which the name chorea or chorea Sancti Viti was originally applied; very little is known of the latter by practical experience in the present day. It was a much more formidable disease, and frequently fatal, but we have no records by which to ascertain its pathology. The cases to be related are all of the modern chorea. Cullen's account also differs from the present type of the disease in several particulars; with regard to the voluntary nature of the actions, which should rather be described as automatic, the too prominent limitation of the convulsions to one

side, and the comparison of them to the gestures of actors. Sydenham's description approaches more nearly to the present type.

Dr. Elam related a case bearing upon the question as to how far these motions may be considered voluntary, and regarded the case as pointing to the probability that they are rather of an automatic character, similar in nature to the action of the respiratory muscles.

E. D., 9 years of age, had been suffering from chorea three weeks. When sitting up in bed, taking her breakfast, the peculiar distinction between the voluntary and automatic motions was remarked, for whilst eating, the right arm acted regularly in carrying the spoon to the mouth, whilst the left arm and both legs were violently convulsed, yet not a drop of the food was spilled; but when the girl, instead of eating instinctively, as it may be called, was told to do anything with the right hand, or asked to give her hand, she did it in the jerking irregular manner so characteristic of this affection.

The effect of music upon the ancient form of St. Vitus' dance seems to indicate that whilst volition has but little influence in itself in controlling the irregular actions of the muscles, yet by external agencies acting through the senses, an instinctive modification of these actions may take place, and if persevered in, the habit may be broken altogether. Another peculiarity in these motions is that, in defiance of their apparent irregularity, there is a sort of rhythm or order—a series of actions recurring with greater or less constancy. This is most manifest in the milder forms. In some cases it is confined to a periodical twitching of some one or more muscles of the face or eyeballs. In one case both eyeballs were turned so far upwards and laterally, as almost to hide the iris. This, and a corresponding twitch of the orbicularis, were the constant and only symptoms, and recurred with tolerable regularity every forty seconds. As the cases become more violent, the regularity of the motions becomes less evident, one class of spasms interfering with and modifying the others; in one very violent and fatal case, however, the *recurring character* of the convulsions was evident almost to the last.

For the production of these motions, if they are acknowledged to be of this character, there must be a stimulus acting upon the extremities of an excitomotor nerve, and the impulse reflected from the motor centres upon the muscular system. In health, stimuli of a certain character are constantly applied to the extremities of these nerves. To produce disease, either the stimulus must be increased in intensity, or the extremities of the nerves must be in a more irritable condition, and to the latter cause must the production of chorea be almost invariably attributed. In almost every case the cause must be looked for in some local or general excitability (perhaps from irregular distribution of blood), in the extremities of the excitomotor nerves, compelling them to respond in a more vigorous, and consequently, irregular manner, to the ordinary physical agents. It seems probable, too, that this excitability is almost exclusively manifested in the alimentary canal, the uterus, or the skin.

Dr. Elam then related several cases in which the alimentary canal was almost exclusively involved, and stated, as a general rule, that when the stimulus is in excess the spasms are tonic, giving rise to *cramp*, but when the excitability of the nervous extremities is increased, they are clonic. The next case was one of a more complicated character, dependent on irritability of the peripheral nerves of the intestines.

E. S., aged 8, suffered from the usual symptoms of chorea. Purgatives and carbonate of iron were prescribed, and though the tumid bowels were relieved, the jactitations were only rendered more violent. Every variety of tonic was tried, and each successive change in the medicine seemed but to aggravate the characteristic symptoms. The pupils having become more dilated, and more insensible to light, with pain in the head, a blister was applied to the neck, and the result was a great aggravation of the symptoms. At last mercurial liniment, with opium, was rubbed over the abdomen, and the improvement was immediate. Tonics were now given with good effect, and the recovery was complete.

Dr. Elam next detailed several cases connected with affections of the uterus. These cases generally occur when the function of menstruation is instituted.

There are, however, many striking exceptions to this rule. The following is an instance:—

A little girl, 8 years of age, was attacked with symptoms of inflammation of the uterus. There was pain in the hypogastric region, and a purulent discharge from the vagina, though no mischief could be detected in the vagina itself. A rather firm tumour could be felt just above the pubes, which seemed to be the uterus enlarged; treatment directed to this part removed the tumour, the discharge, the pain, and the chorea.

Two fatal cases were mentioned; they were of the uterine nature, about the same age, and with very similar symptoms.

J. C., aged 15, ill two weeks. When first seen the convulsions were very violent. She could give no account of herself, and her friends could give little more. It was impossible to ascertain whether any local affection existed. The agitation was so extreme, the distress of the countenance so terrible, that an experienced surgeon said, "If I must die of a convulsive disease, let it be tetanus rather than this." This continued quite unchecked by treatment for ten days, when she died.

The *post-mortem* appearances were peculiar, but confined to the brain, spinal cord and uterus. All the vessels on the surface of the brain and spinal cord were extremely gorged with blood, but this seemed to be rather an effect than a cause of the violent and long-continued agitation. The apparent origin of all the mischief was found in the lining of the uterus, which was extremely congested, and in one or two places a minute drop of blood had oozed out, indicating that the function of menstruation was just on the point of being set up, and if the patient could, as Dr. Watson suggests in fever, have been kept alive a little longer, she would ultimately have recovered. The system was on the point of relieving itself, but nature gave way in the effort.

The second fatal case was very similar to the one just detailed, both in the symptoms and *post-mortem* appearances.

In conclusion, Dr. Elam noticed the great similarity between chorea and tic, both as to their causes and the plan of treatment most successful in both. One attacks the motor and the other the sentient nerves; both are chiefly dependent on derangement of the intestinal or uterine functions,—both are generally diseases of debility,—both relieved by tonics,—and both are almost incapable of relief by narcotics.—*Provincial Med. and Surg. Journ.*, Feb. 21, 1849.

18. *On Sanguineous Perspiration.* By Dr. SCHNEIDER.—It has often been a question whether, under any circumstances, blood is ever mixed with the fluid of perspiration in human beings. Dr. Schneider remarks that he has several times observed the phenomenon. He mentions having been once summoned to a healthy man, 50 years of age, who, for a period of twelve hours in succession, had travelled on foot: during the journey he had perspired much in his feet; and, on examining them at the end of it, they were found covered as high as the ankles with a sanguineous perspiration, which had also soaked into and stained his stockings. In another case of a healthy young man, Dr. S. mentions having noticed that, after violent exercise, the perspiration beneath the arms was of a bright red colour; and he quotes a similar case from Hoffmann.

In proof that the perspiration over the whole body may also be of a sanguineous character, he mentions one case in which it had been observed in a delicate man after copulation, and then quotes the following still more remarkable case from Paulini. While surgeon on board a vessel, a violent storm arose, and threatened immediate destruction to all. One of the sailors, a healthy Dane, 30 years of age, of fair complexion and light hair, was so terrified that he fell speechless on the deck. On going to him, Paulini observed large drops of perspiration of a bright red colour on his face. At first he imagined the blood came from the nose, or that the man had injured himself by falling; but, on wiping off the red drops from the face, he was astonished to see fresh ones start up in their place. This coloured perspiration oozed out from different parts of the forehead, cheeks, and chin; but it was not confined to these parts, for, on opening his dress, he found it formed on the neck and chest. On wiping and carefully examining the skin, he distinctly observed the red fluid exuding from the

orifices of the sudoriparous ducts. So deeply stained was the fluid, that on taking hold of the handkerchief with which it was wiped off, the fingers were made quite bloody. As the bloody perspiration ceased, the man's speech returned; and when the storm had passed over he recovered, and remained quite well during the rest of the voyage.—*Lond. Med. Gaz.*, Dec. 1848, from *Casper's Wochenschrift*, 1848.

19. *Case in which the Physical Signs of the position of the Heart were deceptive.* By Dr. PICKFORD.—L. L., a labourer, æt. 55 years, had recently suffered from a severe attack of sciatica, but was otherwise a strong and healthy man. According to his account, for some time past he had experienced distressing paroxysms of dyspnoea. On the night of 26th August, 1845, these became greatly aggravated.

When seen by Dr. Pickford, he was in bed, in a half-sitting posture, leaning towards the left side, breathing laboriously; the countenance livid and bloated, expressing intense anguish; his skin bedewed with perspiration; his pulse frequent and small; the lower extremities, as high as the knees, œdematous. Closer inspection furnished the following information:—The left side of the chest was not moved in breathing—it was inclined forward; the left hypochondrium remarkably full, not manifesting the slightest fremitus; percussion gave an entirely dull sound from the clavicle down to the last rib, except that under the clavicle there was a faint trace of resonance, and some very indistinct and doubtful breathing; otherwise no respiratory murmur detectible. The right side was sonorous—in the lower part behind even somewhat tympanitic; in the upper part there was a loud respiratory murmur; in the lower part, here and there some mucous rattle corresponding with a difficult cough, attended with a scanty, thin, mucous expectoration.

Between the cartilages of the third and fourth ribs, to the right of the sternum, could be felt a somewhat feeble impulse of the heart equal to the force of the pulse; in the same spot the heart's sounds could be heard, as at its apex: hence, also, in a triangular space bounded by the clavicle above the sternum internally, and outwardly by a line drawn from the middle of the clavicle, percussion gave but little sound; none at all, indeed, in the middle and lower part of this space. Hence it was concluded that the heart had been forced to this spot out of its proper situation by extensive empyema of the left side.

The patient, from the painful urgency of the sense of suffocation, requested to be relieved by any means whatever. More than mere relief one could not expect from the patient's condition: expansion of the lung, if even paracentesis were performed, could scarcely be hoped for, since the disease, from June last, had been subjected only to a mere symptomatic treatment, for no other name can be given to a treatment which, began by an emetic, was varied with an occasional purgative, some morphia, and a little compound camphor liniment rubbed on the chest.

The poor fellow dreaded a return of his former anguish, and urged the performance of the operation, which at least afforded him a chance of at all events temporary relief; it was therefore performed the next morning, in the fifth intercostal space, about an inch and a half from the left nipple. Six pints of thickish, yellowish, albuminous fluid, containing fibrinous clots, were evacuated. By permitting a gradual flow the patient bore it well, and felt relieved; the diaphragm rose to its proper position, but the heart's impulse continued to be felt as before.

The relief lasted only until night; the patient sank, and died at eight o'clock the next morning.

On examining the chest, about five pints of fluid and coagulated fibrin were found on the left side of the chest. The lung was bound down to the spine by a tough membrane: the upper sixth was entirely free from air, being covered and held down by the thick pseudo-membrane. But there were other more remarkable changes: in the triangular space, where diagnosis had pointed out the position of the heart, was seen a body which seemed to be a very thin expansion of the pericardium, but which, on further investigation, proved to be nothing more than a membranous enlargement of the left lobe of the thyroid

gland, extending downwards and outwards beneath the clavicle, containing colloid matter. Closely attached to this tumour was the pericardium metamorphosed into a dense felt-like substance, three lines in thickness. The right side of the heart was somewhat dilated; the heart itself soft and pale, its parietes not hypertrophied; the valves were healthy, but bound down by adhesion. It was necessary to peel off the pericardium from the surface of the heart; it was also attached behind and to the left to the compressed lung; forwards and to the right it adhered to the thyroid tumour, and by this adhesion the apex of the heart had been dragged forwards, so that its impulse and sounds were transmitted to this part. The lungs were free from tubercle; the right was loaded with blood, and oedematous.

This examination, therefore, demonstrates that such an unusual combination of circumstances may occur as shall altogether deceive us as to the physical signs of the situation of the heart; it also divulges the results of a neglected pericarditis and pleuritis.—*Lond. Med. Gaz.*, Nov. 1848, from *Henle's Zeitschrift*.

20. *On the Signs of Diseased Heart afforded to the Hand laid over the Præcordium.* By Prof. JAKSCH.—The purring tremor (*fremissement cataire*) perceived in certain affections of the heart, is felt most distinctly when the flat hand is laid over the part of the præcordium corresponding to the point of the heart's impulse. When this peculiar tremor is dependent upon narrowing of the left auriculo-ventricular opening, it is perceived at the period corresponding to the diastole of the heart. Dr. Jaksch, however, states that he has observed it in cases of insufficiency of the aortic valves. For determining to which of these morbid conditions the tremor during the diastole is in any case due, he points out the following diagnostic signs:—If it occurs when the impulse is feeble, the heart broad (as indicated by increased lateral dulness on percussion), and the second sound increased, it is dependent on narrowing of the left auriculo-ventricular opening; if, on the other hand, it coincides with an increased impulse, an hypertrophied left ventricle (as indicated by a tremulous impulse and increased dulness, in the longitudinal direction, on percussion), and with absence of the second sound of the heart, it may be considered as most probably dependent upon imperfection of the aortic valves. In cases in which a contracted left auriculo-ventricular opening coincides with imperfect aortic valves, a purring tremor accompanying the diastole of the heart is sometimes observed coincidently with an increased impulse. The diagnosis of such cases is rendered sufficiently easy by the increased second sound audible in the pulmonary artery, the enlargement of the heart in its longitudinal and transverse direction, and the absence of the second sound from the aorta and the carotid arteries.

It is not uncommon, especially after pericarditis, that peculiar tremors or vibrations are produced within the pericardium, and may give to the hand laid over the region of the heart a sensation of grating, scraping, creaking, or even buzzing. The existence of previous pericarditis, the absence of change of form of the heart, the want of rhythm, and the variableness of the morbid sound, preclude much risk of error in the diagnosis.

By means of the hand laid over the præcordium, Professor Jaksch has perceived vibrations synchronous with the systole of the heart. 1. In cases of narrowing of the aorta from rigid semilunar valves. 2. In cases of dilatation, thinning and relaxation of the portion of the aorta immediately above the semilunar valve. 3. In aneurismal dilatation of the ascending aorta, accompanied by roughness of the internal surface of the vessel. 4. In some cases of true aneurism of the ascending aorta, with roughness of the orifice or internal surface of the same. 5. In a case in which numerous tendinous bands were stretched across the left ventricle near the orifice of the aorta. 6. In a case of perforation of the inner division of the bicuspid valve. 7. In inefficiency of the bicuspid valve, in consequence of rupture of some of the tendinous cords. 8. In narrowing of the ascending aorta. The sounds dependent upon disease of the aorta are perceived most distinctly when the hand is placed in the middle of the sternum, and is thence carried upwards and to the right, in the direction of the aorta.—*Ibid.*, from *Oesterreichische Medicinische Wochenschrift*.

21. *Polyform Concretions in the Cavities of the Heart.*—Dr. BELLINGHAM read to the Surgical Society of Ireland (Jan. 20th), the following notes of two cases of polypus of the heart.

CASE I.—*Large Fibrinous Concretions occupying the Right Cavities of the Heart.*—Eliza M'Donnell, aged 11, admitted into St. Vincent's Hospital, May 11, 1847. She has been seriously ill for three weeks only, which commenced with cough and oppression of the breathing, following measles; the parent of the child states that she had been always delicate, and had suffered previously from pain in the side, &c.

On examination, the countenance was dusky and congested; the respiration very rapid and very laboured; respirations 80 in the minute; pulse 160, feeble, but regular; cough distressing; sputa greenish yellow, thick and copious; dyspnoea and orthopnoea marked, the patient being quite unable to assume the recumbent posture. On percussion, the chest yielded everywhere a clear sound. On auscultation, a loud muco-crepitating râle was audible on both sides from the apex to the base before and behind.

The patient lived a very few days, and while under observation the dyspnoea was extremely urgent, so much so that on several occasions it was supposed she was dying; indeed, once she became partially comatose; she had also paroxysms in which the dyspnoea became most distressing, attended by a sense of impending suffocation; and she was obliged to remain in the sitting posture, or to lean forwards at these periods, or she writhed about as if in severe pain.

On a post-mortem examination, the bronchial mucous membrane was very much congested; at several points miliary tubercles were found particularly at the apex of one lung and near its base. The right auricle of the heart contained an exceedingly firm fibrinous deposit, which extended into the right ventricle, was adherent to its walls, and was of sufficient size to occupy nearly its entire cavity. It presented a very marked contrast to the post-mortem coagula contained in the other cavities of the heart.

CASE II.—*Of large Fibrinous Concretions occupying both Ventricles of the Heart.*—Eliza Connor, aged 13, admitted into St. Vincent's Hospital, January 13, 1848. Three weeks since she was attacked with dyspnoea, cough, and pain referred to the lumbar spine. The dyspnoea was so severe that she could not lie down, and she has been unable to assume the recumbent posture ever since. The attack, she states, came on without any apparent exciting cause. Three or four months since, she was the subject of an attack of acute anasarca with albuminous urine, which was quite removed by treatment. The anasarca re-appeared recently in the lower extremities.

The countenance is pale; the expression extremely anxious; the surface cold; the lower extremities oedematous; cough very troublesome; respiration greatly hurried and oppressed; debility considerable; sleeplessness and restlessness extreme; cannot remain in the same position for any time; intolerable sense of suffocation, with dyspnoea and orthopnoea, the patient being quite unable to assume the recumbent posture, or to remain in bed: she is obliged to sit up, and to lean constantly forwards.

On examination, no unusual dulness on percussion was observed at any part of the chest; the respiration was very frequent, and a sibilant, mixed in some places with a sonorous râle, was audible over both sides of the chest, from the apex to the base. Action of the heart pretty strong, its impulse felt somewhat lower down than natural; no abnormal murmur audible; heart's sounds somewhat obscured by the loudness of the râles developed during respiration. Pulse imperceptible.

January 15th. Pulse perceptible to-day, 130; the patient passed the entire night in a chair, unable to lie down or to remain in bed; had a little or no sleep; cough very troublesome.

25th. The patient is now able to lie down and to sleep in the recumbent posture; cough very trifling; the anasarca has in a great measure disappeared; dyspnoea not complained of; bronchitic râles only audible on a full inspiration.

Subsequently the anasarca returned, the cough became more troublesome, the dyspnoea increased, and was accompanied by sonorous and sibilous râles in the chest, with a subcrepitant râle at the base of both lungs. Fluid was effused

into the peritoneal cavity, and the patient after suffering intensely for a day or two from dyspnoea, sunk on the 13th of March, two months after her admission into hospital, and about eleven weeks from the commencement of the attack.

On examination, both ventricles were found to be in a great measure filled with solid masses of fibrine, which had a yellowish-white colour, was firm and elastic, adherent to the parietes, and extended through the auriculo-ventricular orifices into the auricles.

After offering some remarks on the manner in which polyform concretions are formed, Dr. Bellingham points out the symptoms to which they give rise.

The symptoms of polypous concretions in the cavities of the heart, he remarked, are such as might be expected to arise from an impediment to the passage of the blood through the central organ of the circulation, and the intensity of the symptoms will of course be proportionate to the size of the foreign body, and the rapidity with which it is formed. As the coagula coated with fibrine, which have been classed by writers with those formations, appear not to be formed during life, we may omit their consideration here.

When these concretions are developed rapidly, and when they quickly attain a considerable size, they give rise to a most intensely severe and distressing train of symptoms, as agonizing to the sufferer, and as distressing to witness, as perhaps any disease known. These have reference to the lungs rather than to the heart, and they were well marked in the two cases detailed. These are, dyspnoea suddenly occurring, accompanied by a feeling of impending suffocation and a distressing sense of oppression; with which are associated sleeplessness, anxiety, restlessness, inability to assume the recumbent posture, coldness of the surface, congestion, or extreme paleness of the face. The pulse is exceedingly small, feeble, and hurried, or it is imperceptible, although the action of the heart may be strong: the respirations are very frequent. In the two cases which I have related, in one of which the concretion occupied both ventricles, there was no intermission or irregularity of the pulse, nor any abnormal murmur accompanying the heart's sounds; neither was there any increased extent of dulness in the præcordial region, nor was the action of the heart confused or irregular: symptoms which have been laid down by writers as pathognomonic of the formation of a polypous concretion in the heart.

The diagnosis must always be one of some difficulty, particularly if we have not seen the patient previous to the occurrence of the symptoms due to its formation; the difficulty will be somewhat less if the patient had been previously under observation, when, if the train of symptoms which have been enumerated suddenly set in, the formation of a polypous concretion in the heart is probable, provided the disease under which the patient labours is such as to impede the circulation through the lungs or heart; and the diagnosis will be confirmed if there is no evidence either of a large effusion of fluid into either the pericardium or the pleura; or of the secretion of mucus into the bronchial tubes, either in such a quantity as to impede the entrance of air, or of so viscid a nature as to obstruct the passage of air into the lungs.

The development of these concretions in the cavities of the heart, particularly when they are of such a size as materially to interfere with the circulation through this organ, is usually quickly followed by the death of the patient. One of the cases which I have brought before the society this evening is interesting in this respect, that the patient lived for eleven weeks after the first symptoms set in, and not only lived, but the symptoms in a great measure subsided, so much so, that I was almost under the impression that my diagnosis was incorrect. The symptoms, in fact, were so intense upon the patient's admission, that she was not expected to survive through the next twenty-four hours; nevertheless, after a few days, the orthopnoea ceased, the dyspnoea diminished, the patient slept well, the restlessness and anxiety almost altogether subsided, and the anasarca of the lower extremities in a great measure disappeared. After a short interval, however, the symptoms returned with renewed intensity, and quickly terminated the life of the patient.

With respect to the treatment of cases of this description, it is clear that medical treatment can do little more than palliate symptoms; and the obvious indications are, to endeavour to support the powers of life, and to maintain the

circulation in as quiescent a state as possible. As to bringing about the resolution of the polypous concretion, the idea seems too absurd almost to be entertained; nevertheless, we find writers recommending the administration of substances supposed to be capable of dissolving polypi, or of rendering the blood more fluid, such as the salts of potass, or diluent drinks given freely; while others, among whom M. Bouillaud is the most conspicuous, consider that bleeding is the best measure that can be employed when these concretions have once formed.

The following conclusions appear to be deducible from the preceding details:—

1. That concretions occasionally form in the cavities of the heart, during life, of such a size as to impede the action of the valves, to obstruct the passage of blood through this organ, and to occasion the death of the patient.

2. That these concretions, although termed polypi, have no analogy whatsoever with polypi, either in appearance, composition, or mode of development.

3. That certain diseases of the lungs or heart, as bronchitis, pneumonia, endocarditis, valvular disease, &c., sometimes owe their fatal termination to the formation of these concretions in the cavities of the heart.

4. That the concretions which form during life in the cavities of the heart may consist either of fibrine or of lymph, or of lymph coated with fibrine.

5. That the concretions composed of fibrine are most frequent upon the right side of the heart, but may occur on both sides; and that the concretions which consist of lymph, or of lymph coated with fibrine, are usually found only on the left side of this organ.

6. That fibrinous concretions, whether they occur in amorphous masses, or in stratified layers, are deposited from the blood which circulates through the heart. That concretions composed of lymph, whether this forms the substance of the mass, or merely its nucleus, are deposited by the vessels which supply the heart itself with blood.

7. That fibrine, whether it constitutes the substance of these concretions, or whether it is deposited in concentric layers in the sac of an aneurism, is perfectly unorganized, and perfectly incapable of becoming organized. That lymph, on the contrary, is an organizable substance, and quite distinct from fibrine, with which it is still confounded by some physiologists.

8. That where pus has been found in fibrinous concretions contained in the heart, its presence is to be regarded as the result of phlebitis, not as a product of inflammation in a substance which is quite unorganized, and consequently incapable of undergoing such changes.

9. That increased extent of dullness in the præcordial region, confused or irregular action of the heart, intermission or irregularity of the pulse, or an abnormal murmur accompanying the heart's sounds, are not necessarily symptoms of the development of a polypous concretion in the cavities of the heart.

10. That no means are known by which polypous concretions in the heart, once formed, can be dissolved; consequently, the administration of substances which render the blood more fluid, or which are supposed to be capable of dissolving them, can have no useful effect.—*Dublin Medical Press*, Feb. 7th, 1849.

22. *Pleuritis simulating Pericarditis*.—Dr. O'FERRALL exhibited to the Pathological Society of Dublin, the recent parts in a case of pleuritis, which was interesting from having simulated, during life, pericarditis. The young man who was the subject of this disease was aged 19; he had been six weeks ill before his admission into St. Vincent's Hospital, and had been for five weeks of that time in a fever hospital in Dublin. The symptoms he presented were, dyspnoea, anasarca, with considerable turgescence of the face, and blue, congested lips: pulse 140, but regular. The case having been considered by more than one expert stethoscopist to be pericarditis with extensive effusion, Dr. O'Ferrall proceeded to examine it, with the expectation of finding that disease; and, certainly, nothing, at first view, could be more like it. The patient lay on his back, slightly inclining to the left side. On percussion, the cardiac dullness appeared to extend beyond its normal boundaries; the heart pulsed a little above its usual place; it could be felt close to the ribs, and its action heard distinctly there without murmur or friction sound.

The very superficial position of the heart, rendering its impulse so remarkably palpable, even while the patient was lying on his back, led him to doubt the existence of pericardial effusion. If the position had been different,—if the patient had been sitting up and leaning forward, the heart might gravitate through fluid into contact with the parietes,—but in that case a friction sound might be expected. The dorsal position, with evidence of contact, and absence of frottement, led Dr. O'Ferrall to the conclusion that no pericarditis existed.

The chest was then examined, the patient having assumed a sitting posture. The dulness was found to extend over the whole of the left side, posteriorly as well as anteriorly. Upon placing the hands on the sides, and desiring the patient to speak, no vibration could be felt on the diseased side, while it was plain on the other. The intercostal spaces were slightly protruded. The motions of inspiration and expiration were less marked on this side than on the right. The respiratory murmur was very faint and distant. It was evident that an extensive accumulation of liquid existed in the cavity of the left pleura. The absence of displacement of the heart might perhaps be owing to adhesions of older date.

The treatment consisted in cupping, blistering, and the exhibition of mercury, followed by tonics and diuretics. Under these means the anasarca gradually subsided, a friction sound became audible over the back of the chest, and the dyspnœa diminished. According as the respiratory murmur increased, it was observed to be mixed with a crepitating rattle. He remained in a state of partial recovery for four months; but it was observed that his pulse continued very frequent, varying between 130 and 140; his urinary secretion, which had become copious, was now often defective in quantity; the dyspnœa began again to be troublesome. The mercury was exhibited a second time, but ineffectually. Anasarca again came on; the patient was attacked with hemoptysis; and, finally, died somewhat suddenly.

At the autopsy, the left pleura was found to be obliterated by adhesions, those near the anterior margin of the lung being fibro-cartilaginous, and evidently ancient. Nodules of pulmonary apoplexy were distributed through the left lung.

The pericardium, when cut open, was found to be smooth and polished on its internal surface, no trace of false membrane being present on any portion of its extent. The heart was enlarged, soft, and flabby, its cavities dilated and full of blood; the death had been by syncope: no valvular disease existed.

The morbid appearances were thus those of extensive pleuritis, pulmonary apoplexy, and enlarged, softened heart. But the question might arise, whether there might not have also existed a pericarditis, all traces of which disappeared under the treatment employed. But such a supposition was incompatible with the differences existing between the pericardium and pleura. If treatment had removed the effusion from the pericardium, why had it not prevented the organization of exuded fibrin in the pleura, and have also caused its absorption? If the extreme continued frequency of the pulse, without irregularity, and the violent action of the heart, be ascribed to a supposed pericarditis, let it be remembered that that lesion must have been cured, according to the hypothesis, four months before death, while the pulse remained as before.

Dr. O'Ferrall attributed the anomaly of the heart's not being displaced, to the existence of old adhesions at the anterior margin of the left lung; and he suggested that this might have been the cause of the cardiac distress which the patient suffered. Under ordinary circumstances, the heart, becoming displaced by the effusion, escapes, as it were, from the pressure; but, when tied to the parietes, and compressed by a weight of liquid from behind, it becomes placed under conditions analogous to those of effusion into the pericardium, and is consequently liable to simulate that disease. The displacement which usually occurs may in this point of view be regarded as salutary, and the slight degree of inconvenience often endured by patients in this state seems to favour the conjecture.—*Dublin Quarterly Journ. Med. Sci.*, Aug. 1848.

23. *Encysted Tubercles in the Lungs*.—Dr. GREENE presented to the Dublin Pathological Society a specimen of the encysted tubercle of Bayle; a morbid

appearance so rare, that Laennec only saw four or five instances of it in a practice of twenty-four years, and Louis only mentions one case in his work on phthisis.

The female from whom the specimen was taken, was admitted into the Whitworth Hospital on the 1st of January, labouring under cough, attended with a frothy and mucous expectoration, which was tenacious, and excreted with some difficulty. She had inflammatory fever, with a quick and hard pulse, and urgent dyspnoea. On percussing the chest throughout, no amount of relative dullness could be detected; intense bronchial râles were everywhere audible, but no fine crepitus. On the supposition that the case was one of uncomplicated acute bronchitis, she was bled from the arm, and a solution of tartrate of antimony was administered. Under this treatment she improved so much, that she requested to be discharged, and left the hospital on the 8th, to resume, as she stated, her family occupations. She returned, however, in a fortnight, but greatly altered in appearance. She stated she had caught a fresh cold, and that the cough had returned. The dyspnoea was now intense, and she lay on her back, incapable, apparently, of making any exertion; the cough was constant, and the expectoration was of the same character as before. On again percussing the chest, no relative dullness was detected, either behind or before; the bronchial râles were heard, of the same intensity as when she first entered the hospital. The dyspnoea daily increased in severity, and she gradually sunk into a debilitated state, and died in a condition resembling asphyxia. The respiration throughout her illness was accelerated, and abdominal; the expectoration, which was frequently examined, never contained any tubercular matter: the feebleness of her pulse, and the sunken and livid aspect of her countenance, prohibited the adoption of any active treatment. On examining the chest, slight traces of interlobular pleurisy were found, such as weak adhesions between the lobes, and the deposition of a thin false membrane, more like the cellular tissue, than the ordinary product of acute pleuritis, and such as is frequently found in old people attacked with influenza, and in subjects worn out by chronic disease of the chest. The bronchial mucous membrane was intensely injected, and the traces of vascularity increased towards the terminal branches of the tubes. The longitudinal fibres of these latter were greatly hypertrophied. This hypertrophy was, doubtless, due to the constant irritation of the bronchial tubes and attacks of intercurrent bronchitis, which are known to supervene whenever the bronchial tubes are in contact, for a length of time, with morbid products, such as tumours, aneurisms, &c. At the posterior portion of both lungs, there was evidence of congestion and slight inflammation.

A number of rounded bodies, extremely hard and incompressible, were found in the lungs: some were small, others of considerable size, occupying both the upper and lower lobes. The morbid anatomy of these little bodies (several of which had been removed, and sections made through them) was very peculiar; the cysts in which the morbid matter was contained were similar to cartilage, very hard and elastic. Two membranes were distinctly observed on examining the section, the outer cartilaginous or fibrous, and the inner mucous, which latter was smooth to the touch, but unequal on its surface, sometimes containing little depressions. These cysts, in fact, possessed the same structure as chronic phthisical cavities, but on a very minute scale.

It would appear that these bodies had existed in the lungs for a long time; first, from the frequent inflammatory attacks of the lungs, to which the woman was subject, principally of intercurrent bronchitis, for which she had been repeatedly cupped, as was evident from the numerous scars on her back; and, secondly, from the age of the patient, who was near 60. It might be expected that the presence of so many solid bodies in the lung would be indicated by dullness on percussion, but it should be remembered that they were scattered uniformly through the organ, so that the relative clearness of one portion, in comparison with another, could not be observed. Thirdly, sound portions of the lung intervened between each of the cysts; and, finally, some of the air-cells became distended in consequence of the repeated attacks of bronchitis.

It was difficult, therefore, to diagnose these cysts by unequivocal physical

signs: but the frequent occurrence of bronchitis, without any obvious or assignable cause, should always induce us to suspect the proximity to the tubes of some source of irritation. In the present instance, the repeated attacks of irritation arose from the efforts of nature to empty the contents of the cysts into the bronchial tubes, as was evident from the little funnel-shaped prolongations observed on the circumference of the cysts, and which appeared to be the remains of bronchial tubes.

The interior of the cysts was occupied by matter, partly tubercular, and partly cretaceous, the latter being composed of phosphate and carbonate of lime. Dr. Greene concluded by remarking that an individual might reach a considerable age with these encysted tubercles in the lungs. The fibro-cartilaginous nature of the cyst isolated the tubercular deposit, so that, although such an individual might suffer from repeated attacks of bronchitis, he would yet escape the wasting hectic, which the coalescence of ordinary tubercle produces.—*Ibid.*

24. *Phthisis in the Infant.*—Dr. MAYNE presented to the Pathological Society of Dublin (Jan. 10th, 1846) some pathological specimens taken from a child a year old, who had died of extensive tubercular disease. He considered them important, as being explanatory of the difficulty so frequently experienced in diagnosing pulmonary phthisis at that early period of life,—a difficulty which depends upon the very advanced stage at which the disease often arrives, before the physical signs are sufficient to justify the physician in giving a positive opinion.

The child was brought to him early in June, labouring under a cutaneous eruption, which soon yielded to mild alteratives. The child, however, did not seem to recover its health; it looked delicate; it was soon attacked with cough and diarrhoea, and the abdomen became swollen and tympanitic. These symptoms were attended with insatiable thirst, and rapid emaciation: the respiration and circulation also became permanently accelerated, and towards the close, the stomach rejected almost every description of nourishment.

The constant cough and the incessant diarrhoea, with progressive emaciation, left but little room to doubt that the child's disease was phthisis; yet, although this opinion was formed as early as the beginning of August, no satisfactory physical signs were detected in the thorax, until about the 25th of November. At that period a considerable portion of the back of the left lung was found dull, and the respiration over the same extent of the surface became bronchial. After some further time, the same stethoscopic signs appeared at the corresponding part of the right lung, but at no period of the complaint were any stethoscopic indications of tubercular softening ascertained to exist.

The child died towards the end of December, and when the body was examined, tubercles were found in both lungs, and in the spleen, liver, kidneys, and mesenteric glands. They were all in the crude state, and were nearly equally developed in all parts of both lungs.

The difficulties which attended the diagnosis in this case, Dr. Mayne remarked, were thus explained:—Both lungs, from their apices to their bases, being equally the seat of tubercular deposit, all the advantages of *comparative* percussion and auscultation were lost, and as none of the tubercles had softened, the stethoscopic phenomena which depend upon this change, were also absent.

The naturally loud respiratory murmur of the infant's lung presents another difficulty; for, in consequence of the great clearness of the *natural* murmur, solid deposits accumulate in the pulmonary tissue, without producing the physical signs of solidification, to an extent which would be impossible in after-life.—*Dublin Quarterly Journal*, Aug. 1848.

25. *Acute Tubercular Meningitis in the Adult.*—M. LEVY, principal physician in the hospital Val de Grace, has reported three cases of this disease. In the first, the tubercular affection of the pia mater was complicated by softening of the brain, tubercles in the mesenteric and bronchial glands, pneumonia, with pulmonary apoplexy, tubercular pericarditis, &c. The patient was twenty-six

years of age. In the second case, besides the tubercular disease, there were, meningitis, softening of the brain, and tubercles in the lungs, kidneys, liver, and several other organs. The third case was an example of tubercular meningitis, developed as a sequence of measles, accompanied by chronic pleurisy, and preceded doubtless by numerous tubercles on the lungs, and the general tubercular diathesis.—*Journ. Psychol. Med.*, from *Bull. de l'Acad. Nat. de Médecine*.

26. *Case of Variola in which the Eruption was found on the Mucous Membrane of the Colon*.—Dr. GEORGE PATTERSON read, to the Medico-Chirurgical Society of Edinburgh, a case of small-pox occurring in a boy five years of age, unvaccinated—which proved fatal on the fourth day of the eruption—death having been preceded for about twenty hours by discharges of blood from the bowels, nose, and mouth, and the appearance of masses of ecchymosis beneath the integuments of the lower limbs. He exhibited a drawing of the appearances found in the colon after death. There had been pustules, greatly resembling those met with on the skin; and superficial incrustations, most abundant, and running together in the lower part of the intestines. Although most medical authorities were opposed to the opinion that small-pox could exist upon the mucous membrane of the intestines, it was maintained, and cases in support of it recorded, by Sir Gilbert Blane, Rostan, Froriep, and others. And when we consider the analogies between mucous membranes and the skin—the fact pretty generally admitted, that small-pox pustules can occur on certain of the mucous membranes; and the additional fact, which some of the very impugnors of an appearance such as the present allege, that they have been met with on membranes entirely different in their nature, as the serous coverings of the liver and spleen—there seems no good reason to doubt the possibility of their occasional occurrence in the course of the intestinal canal. It must be admitted that the appearance is extremely rare; but this may be accounted for by the isolation of the mucous membrane of the bowels from the external air: and still more, on considering the secretions and other matters which are more or less constantly in contact with its surface, and are calculated to modify the appearance, endanger the integrity, and so prevent the maturation of the variolous pustule. In the present instance, death occurred at so unusually early a period of the case, that there had probably not been time for these causes to produce their usual results—either by obliterating the pustule altogether, or by converting it into an ulceration, which, when met with, many will not allow to be other than the mucous follicles themselves inflamed and ulcerated.

Dr. W. T. GAIRDNER (who had made the post-mortem examination along with Dr. Patterson) said their could be no doubt that the structure of the pustules in this case was identical with that of the variolous pustule. The variolous matter was always deposited, when in the skin, in the lower layers of the epidermis, and between it and the corion, which was only superficially ulcerated. In mucous membranes, the matter was thrown out between the epithelium and the submucous layer, and such was the case in the present instance; for, on removing the crusts, the injected submucous layer was seen flat and unbroken, excepting by a few minute points of superficial ulceration. This superficial form of disease could never be mistaken, as has been alleged, for the affection of the solitary glands, which invariably extended through the whole depth of the submucous layer. Dr. G. considered this an unequivocal instance of variolous eruption in the colon.—*Month. Journ.*, Feb. 1849.

27. *Intra-Uterine Small-pox*.—Dr. WATSON related to the Liverpool Medical and Pathological Society, the case of a lady who fell into labour just as a variolous eruption appeared on her skin. The child was born alive, with some spots upon the scalp, which soon showed the central depression of the variolous pock. Sir Arnold Knight instanced another case of a lady who laboured under distinctly-marked, almost confluent, small-pox at the period of her confinement: the child was born dead, and covered from head to foot with distinct variolous eruption. The lady recovered favourably.—*Lond. Med. Gaz.*, Dec. 1848.

28. *Nocturnal Neuralgia of the Forearm.*—M. GAMBERINI, in describing this singular disease, states that it commences by a pain at the end of the fingers of one hand, generally the two last, and then extends along the forearm, to within one or two inches of the elbow. The pain has always stopped there in the cases which have fallen under M. Gambérini's notice. The night is the time when the spasm occurs; and it becomes so severe as to prevent sleep, and draw forth the most piercing cries: nevertheless, with the daylight relief from pain occurs, and few patients then retain any feeling of the past sufferings. The part when examined, either before or during the attack, does not exhibit any visible alteration, neither tumefaction nor heat, although the patient, while the pain endures, complains of this latter sensation, and throws off the bed-clothes, or anything else that may tend to increase the feeling. Cold applications, such as plunging the part into cold water, cause the most acute suffering; which is also increased by moving the limb. An evident crepitation of the tendons is occasionally heard, resembling the sound emitted by walking on snow. One limb only is generally attacked; and women are more liable to it than men, especially robust women, between twenty and thirty years of age, whose occupations require fatiguing motions of the upper arms.

In consequence of the regular periodicity with which the disease returned each evening, M. Gambérini was induced to exhibit the sulphate of quinine, but in vain. After trying several other remedies, he found that belladonna, made into an ointment as follows,—lard, ten drachms; extract of belladonna, four scruples, and used in frictions on the painful parts,—was possessed of the required efficacy. The general indications should be attended to at the same time: thus, in a strong, plethoric patient, in addition to the use of the belladonna, M. Gambérini employed bleeding with advantage.—*Journ. of Psychological Med.*, Jan. 1849; from *Il Raccoglitore Medico*.

29. *Spontaneous cure of Ovarian Dropsy, by means of an Ulcerative Opening of the Cyst into the Bladder.* By J. H. BENNETT, M. D., &c.—In a paper read to the Med.-Chirurg. Soc. of Edinburgh, in Dec. 1845, Dr. Bennett pointed out that while in many cases ulceration took place in the external sac, and permitted fluid secreted within the tumour to flow through the openings, and collect in the cavity of the peritoneum; in other cases the sac expanded more rapidly, and the included cysts broke into each other. Both external and internal ulcerations may occur together; but when the former do not take place, the latter are more rapid, gradually produce a less number and larger size in the secondary cysts, and at length, in the last stage of the growth, they all break down, and occasion one large cyst only. Dr. B. further stated, that if at this period in the progress of an ovarian encysted tumour, a puncture was made, or an ulcerative opening formed, whereby the contents could be discharged, and the walls of the cyst brought into contact, a permanent cure might be accomplished; and he alluded to the occasional occurrence of rupture of such cysts, and their subsequent disappearance as corroborating this statement.

In the present paper Dr. Bennett relates the following case as affording evidence of the correctness of the above pathological views:

CASE.—Anne Pyper, a servant, aged 25, was admitted into the female clinical ward of the Royal Infirmary, Nov. 8, 1848. She had been delivered fourteen days previously of a male child in the Maternity Hospital; and, on inquiry, I find that the labour was a natural one, and presented nothing unusual. On the birth of the child, however, the abdomen still continued enlarged, and at first, led to the suspicion that another foetus remained in the uterus. After a time the true nature of the case was rendered manifest, and a large swelling was detected, which was movable to a certain extent, and presented all the characters of an encysted tumour of the left ovary.

When I first examined her in the Infirmary, I found the abdomen swollen to about the size of a woman's during the sixth or seventh month of pregnancy. The tumour extended from the epigastrium to the pubis, but bulged considerably towards the left side. Its surface was irregular; and two large nodules, each the size of a cocoa-nut, existed about its centre. It was tense and firm to the feel, somewhat elastic, but no fluctuation could be detected. The tumour

was firmly fixed, and the seat of constant pain, especially in the left lumbar region, which was increased by pressure, by lying on the right side, or on assuming the erect posture. The urine was of a slight yellow colour, and presented its normal characters. The digestive, respiratory, circulatory, nervous, and integumentary organs appeared to be healthy. She had observed the tumour seven months before her delivery; and it has gone on gradually increasing, and been somewhat painful from the first. *Eight leeches were ordered to the most painful part of the abdomen.*

For four days the patient remained in the same condition, the local pain, however, having been relieved by the leeches. On Nov. 12, my attention was directed to the urine, which now presented a copious white deposit, occupying two-fifths of the jar, while the supernatant portion was of a light amber colour, and unusually viscid. The deposit was determined by the microscope to consist of pus, mingled with a few compound granular corpuscles. The clear portion was strongly coagulable by heat and nitric acid.

At first Dr. B. imagined that the cyst had burst into the vagina, but the patient and nurse assured me that there was no discharge between the intervals of micturition, and that all the fluid came from the bladder.

The urine presented the same characters during the next three days; the amount discharged during the twenty-four hours being about three pints. On the 15th, Dr. B. observed that the tumour had somewhat diminished in size, its hardness and tensility had disappeared, and distinct fluctuation was perceptible in it. *A broad flannel roller was ordered to be applied firmly round the abdomen, and compression made by means of pasteboard, previously soaked and modelled to the abdominal surface.*

From this time, the abdomen rapidly diminished in volume, while the amount of purulent viscous fluid discharged from the bladder varied from three to five pints in the twenty-four hours. The appetite and general health continued good; and she was ordered nutritious diet, with four ounces of wine daily. On the 23d the amount of pus contained in the urine was greatly lessened, and the clear portion presented only a slight haziness on the addition of nitric acid. On the 27th the abdomen had regained its natural size, although a dense mass, evidently the collapsed ovarian sac, could readily be distinguished, occupying the left iliac and hypochondriac regions. The urine now also was natural in quantity, and presented only a slight sediment, consisting, as shown by the microscope, of some crystals of oxalate of lime, and a few pus globules.

From this period she may be said to have recovered. She suffered occasionally from uneasy feelings on the left side, sometimes amounting to pain, which were relieved by the application of four leeches, followed by a small blister. One of the leech bites ulcerated superficially, but soon healed up. She was dismissed on the 18th of December, expressing herself as being well in every respect, having been sitting up and running about the ward for the fortnight previous. The indurated mass in the left iliac region was greatly diminished in size, but still very perceptible to the feel, though not to the eye.

The history of this case, Dr. B. conceives, can only lead to one conclusion, namely, that an ovarian encysted tumour was present on the left side; that the individual cysts had, if not altogether, at all events for the most part, broken down to form one large cavity; that the contents of this cavity had supplicated, and a fistulous opening formed either into the ureter or bladder (most probably the latter), through which the contained fluid was evacuated, permitting collapse of the sac and cure of the disease. The permanency of this cure will depend upon, whether all the secondary cysts had been ruptured and were broken down before the fistulous opening took place. This is a point which it is impossible to ascertain with certainty; but a careful examination of the woman before she left the Infirmary, convinced Dr. B. that no rounded nodules or cysts could anywhere be felt.

"Many instances are to be met with," Dr. B. remarks, "where similar cysts have burst into the peritoneum, the fluid been absorbed, and excreted in large quantities by the kidney as urine. Other cases are to be met with, where the contents of the tumour have burst externally by ulceration through the abdominal walls, or into the vagina, or into the intestines; but in none, so far as I am

aware, previous to the one now related, have the contents of the tumour been evacuated directly as a purulent viscous fluid from the bladder, proving a direct communication with that organ.

"The occasional occurrence of such spontaneous cures, has led to the proposition of producing permanent artificial openings, with a view of imitating a natural cure. Mr. Bainbrigg of Liverpool—(*Prov. Med. and Surg. Journal*, vol. iii. p. 593)—suggests making an incision into the sac, and uniting its edges with the external wound; and Dr. Tilt of London (*Lancet*, vol. ii. 1848) has lately proposed making a minute aperture by means of Vienna paste, so as to cause a permanent opening. Such practice can only be useful at a particular period in the growth of ovarian tumours—that is, when all the internal cysts have broken down into one; indeed, it is only in these cases that Dr. Tilt proposes making the aperture. But such cases are exceedingly rare, and the practice recommended can be of no real advantage until these gentlemen instruct us how to distinguish in the living subject unilocular from multilocular cysts. Numerous dissections of ovarian tumours have convinced me, that in the present state of the art this knowledge is not to be arrived at with any degree of certainty; and that consequently any proposal, however valuable in itself, which is founded upon the assumption of our possessing that knowledge, is not likely to be practically beneficial.

"Another proposition, however, has been made, which deserves consideration. In the paper formerly referred to, I remarked—"One practical rule to be followed in the treatment of these cases is, not hastily to have recourse to tapping, but by all possible means of delay to further the natural disposition, which the internal cysts exhibit under pressure, of forming one large sac." "There is every reason to suppose, that artificial pressure is capable of facilitating the absorption of the walls of the secondary cysts, and their opening into each other; but we possess no means of ascertaining when only one sac is produced. That it has succeeded in obliterating and ultimately curing the disease, however, has been proved by Mr. Isaac Brown—(see cases recorded in the *Lancet*)—whatever other opinions may be held respecting the propriety of his treatment."

"Now, the case I have read seems to me illustrative of the effects of pressure. It must be acknowledged that the seven months which had elapsed between the time the tumour was first perceptible, and the period when it spontaneously burst and collapsed, was a remarkably short one. In the most favourable cases this result takes about two years to accomplish by itself; but in the instance of Pyper, the tumour was subjected to the gradually increasing and equable pressure of the pregnant uterus, and to its influence must, I think, be attributed the fortunate result and rapid breaking down of the secondary cysts. The ulceration into the bladder was probably determined by the direction the pressure had assumed in this case, and, of course, could not be imitated artificially.

"There still remain only two methods of curing an ovarian dropsy by art—viz: by excision, and by pressure followed by puncture. The case I have narrated confirms the views suggested by pathology with regard to the *modus operandi* of the latter treatment; and if, in cases which do not admit of extirpation, pressure be so gradually and equably applied as to obliterate the internal or secondary cysts, an artificial opening then made would cure the disease. The difficulty is to ascertain when the moment for making the puncture has arrived—in other words, when a multilocular is converted into a unilocular cyst. In the present state of the art, this, as I have said, is impossible; but, as an exact indication of the difficulty is often the best preliminary to its removal, I do not despair of some day seeing it completely conquered by the cultivators of rational medicine."—*Monthly Journ. Med. Sci.*, Feb. 1849.

30. *Treatment of Epilepsy.*—M. DELASIAUVE, in the concluding portion of his essay on the treatment of epilepsy, directs especial attention to the importance of hygiene, which he considers to equal, if not surpass, that of medicine in the disease. There are some practitioners, even, who look upon medicine as utterly useless in such cases, and place their sole reliance on such measures as serve

to guard the patients against the causes which induce the fits, and favour the action of such natural agents as are capable of changing the constitution. Hippocrates recommended a change of climate; and Van Swieten mentions several instances in which epileptic patients were freed from their fits all the while they remained in the East Indies. M. Delasiauve advises, when a change of climate is practicable, that a gentle, temperate climate should be selected—one but little subject to atmospheric changes; because experience has shown, in those asylums where epileptic patients are admitted, that the fits are much more frequent during extreme cold or extreme heat, and especially during continued variations of temperature. With respect to diet, the temperament, idiosyncrasy of the patient, state of the constitution, and his usual habits of living, will more or less modify it; but nevertheless it may be stated, that excess in quantity or quality, of either food or drink, will prove injurious. Every infraction of the rules of temperance will induce a relapse. More vegetable than animal food should be taken, and cooling fruits may also be used. Complete abstinence from wine is perhaps hardly necessary; but if it be drank, the wine selected should be the least stimulant, and even then only taken in moderation. Those patients who are liable to be attacked during the night, should make but a light supper, to avoid increasing the cerebral plethora, which is always greater during sleep. The necessity of maintaining the excretions must be self-evident. With respect to the insensible perspiration, cleanliness, baths, pediluvia, frictions, and warm clothing are requisite. Hard cravats and stays are decidedly injurious; and straw hats are better than the hats and caps which are in common use. The hair should be cut short; in bed, the patient should lie with his head high, to assist the circulation of the blood through the brain. Constipation should be avoided; when it occurs, it must be treated by injections and laxatives; the digestive organs should be especially attended to.

A disordered condition of the menstrual secretion is generally the cause of increased severity of the fits. The ordinary recurrence of the discharge is frequently sufficient to induce a fit, so that the attention of the practitioner should be directed to this secretion, to maintain it in a healthy state.

Continence is essentially the virtue of the epileptic; sexual intercourse produces a nervous shock, which too closely resembles the emotion which occasions the epileptic attacks, not to be attended with great danger. Those who practise onanism have, in general, the greatest number of fits. A peaceable and quiet life suits the epileptic best. Everything that tends to excite their feelings, to rouse their passions—the strong feelings of love, contradiction, and grief, inevitably add to the intensity of the disease. Their situation demands the greatest management, as they are in general very susceptible and irritable, especially just before and after a fit. Exercise is very salutary; an inactive, sedentary life, increases the morbid predisposition, and renders the consequences of the fits more deplorable. Hippocrates and Galen lay great stress on bodily exercise. Esquirol recommends gardening, horse-exercise, the gymnasium, swimming, fencing, &c. Some of these M. Delasiauve considers objectionable. M. Ferrus, on whose opinion our author evidently places great reliance, depends much on the utility of out-door work, such as agriculture and gardening. While acting as the principal physician at the Bicêtre, M. Ferrus tried this plan of treatment somewhat extensively, both with the insane and with epileptic patients. Both classes were benefited, but the latter most so. The utility of gardening is equally discoverable in private life. Of this we have in the essay before us an illustration, in the case of a gentleman subject to epileptic fits, for which medical aid was powerless, but which was entirely arrested by a journey to Switzerland, and garden-work, carried on by the patient for a series of years. Other cases are also alluded to, in which a similar result followed the having recourse to garden employment.

Horse exercise, swimming, and fencing, which, as previously mentioned, are recommended by Esquirol, are stated by M. Delasiauve to be dangerous, as are also all exertions which require too large an expenditure of strength, or a stooping posture, or in which the body is exposed to a very intense heat or light.

Variety of occupation, intermingled with amusing relaxations, will prove serviceable in cases of epilepsy. Intellectual employment requiring deep thought

is injurious. Reading, drawing, music, light composition, and the elements of chemistry, botany, physics, &c., afford great satisfaction, and sustain the moral powers, instead of exhausting them.

In his concluding remarks, M. Delasiauve recommends the establishment of institutions for the reception of epileptic patients, in order that a hygienic as well as a medical plan of treatment may be carried out, as is practised at the Bicêtre. He considers them to be absolutely indispensable.

With respect to the treatment during the fit, it resolves itself almost entirely to the prevention of bodily danger by falls or otherwise. The patient should generally be placed on his back in bed, all tight articles of clothing removed, the head a little raised by pillows, in order to diminish the determination of blood to the head, and the body placed a little on one side, in order to favour the discharge of saliva, which collects in quantity in the mouth, and might otherwise prevent the passage of air into the lungs. Some patients, when attacked during the night, have an unfortunate tendency to turn on the face, and unless carefully watched, and their position changed, may die asphyxiated. Another accident, which occurs in some instances, is the laceration, or even the amputation, of the tongue during the fit. To prevent this, a piece of wood, or a linen roll, may be placed between the teeth when the fit is coming on.

The symptoms consecutive to the attack occasionally require the attention of the medical practitioner. Generally speaking, the patient complains simply of a little fatigue, heaviness, and headache, which may be removed by rest, or by a slightly sedative or cordial infusion, with sinapised pediluvia. In the more severe cases, where the symptoms indicate congestion of the brain or lungs, the indication of practice is the abstraction of blood by large general bleedings, assisted by cupping and the application of leeches. The loss of blood is readily borne under such circumstances. Warm baths, external revulsives, sinapisms, flying blisters, &c., may also be had recourse to. The utility of refrigerant applications appears to M. Delasiauve to be problematical.—*Journal of Psychological Medicine*, from *Annales Medico-Psychologiques*.

M. MERTAIS, at Montrouge, strongly recommends the employment of tartarized antimony externally in frictions on the head, in cases of epilepsy. He mentions several cases in which benefit has been derived from this plan of treatment, which is not, however, a novel one, counter-irritation having been employed long since, although now much neglected.—*Gazette Médicale*.

M. PERAIRE, considering epilepsy to depend on a momentary cerebral congestion, proposes to cure it by obliterating the numerous arterial branches which are distributed to the pericranium by subcutaneous incisions.—*Revue Médicale*.

Dr. R. W. EVANS, of Richmond, C. W., relates (*British American Journ. of Med. and Phys. Sci.*, Jan. 1849) a case of epilepsy successfully treated by an infusion of the *scutellaria geniculata*, made according to the following formula: R.—*Scutellar. genic.* ʒij; aq. bullientis, ʒviij; ft. infus. The mode of administration is to begin with two tablespoonfuls every eight hours, increasing the dose after the termination of a week, to double that quantity, with an occasional aperient.

The subject of Dr. Evans' case was a female, 26 years of age, who had suffered from the disease for eight years, the attacks coming on every six or seven days. The patient had taken for months, nitrate of silver, iron, zinc, strychnia, digitalis, ammoniuret of copper, valerian, musk, &c., without any benefit. Dr. Evans directed the *scutellaria* according to the above formula, which was continued for six weeks, when a profuse salivation took place, with a slight constriction of the fauces. The medicine was discontinued, a Seidlitz powder directed, and in a few days the pyalism ceased. At the date of the report, Nov. 8th, the patient had been taking the medicine daily, for four months, during which she has not had a single attack. She enjoys excellent health, and her memory seems to improve daily.

¹ Dr. E. states that he has under his care two other cases which seem to manifest the superiority of the medicine. They are, in a manner, almost recovered, with the exception of a violent palpitation of the heart at the expected period of attack, which passes off without any bad result, by the timely administration

of a few doses of tinct. digitalis, and by keeping the patient free from mental irritation, which is a frequent cause of epileptic palpitation. It is necessary to state, that in order to secure a perfect cure, the medicine ought to be continued five or six months.

31. *Iodide of Potassium in Saturnine Affections*.—M. MELSSENS has transmitted to the French Academy of Sciences, a memoir on this subject. The treatment proposed by the author rests upon the principle of rendering soluble metallic substances which might otherwise remain in the system, by associating them with another substance which is readily eliminated by the organs of secretion. M. Melsens remarks, that the insoluble compounds resulting from the combination of mercurial salts and the contents of the digestive organs, dissolve in hydriodate of potass, and that the great facility with which this salt is rejected may induce a hope that the poison will also be eliminated at the same time. M. Melsens asserts, that the same solubility in hydriodate of potass exists for salts of lead. Sulphate of lead, for instance, exhibited alone to a dog, produces death in a very short time; but no accident whatever is observed if the hyd. of potass is taken together with the saturnine sulphate. In cases of mercurial palsy, related by M. Melsens, the symptoms yielded to the iod. pot., and mercury was detected in the urine during the exhibition of this drug. But as it is by facilitating the absorption of an insoluble substance contained in the intestine, that M. Melsens endeavours to produce its elimination, the method is not altogether without peril, and it is only in very small and gradually increasing doses that he recommends the use of the hyd. of potass.—*Med. Times*, Feb. 24.

32. *On the external use of Iodine in Croup*.—Dr. WILLICE speaks of having had remarkable success in the treatment of urgent cases of croup by the external application of iodine to the larynx and trachea. He recommends that tincture of iodine should be smeared with a feather over the front part of the neck, corresponding to the larynx and trachea and their immediate neighbourhood; and that this should be repeated several times, with intervals of about four hours, until redness and irritation of the skin is induced. In most cases this is followed by subsidence of the distress of breathing, of the spasms of the glottis, and of the other bad symptoms. He mentions the particulars of three cases in which, by this means, he succeeded in averting impending death.—*Lond. Med. Gaz.*, Jan. 1848, from *Schmidt's Jahrbücher*, No. 7, 1847.

33. *Spigelia Marylandica in Pruritus Ani depending upon Ascarides*.—Dr. KOREFF gives two cases of rebellious itching of the anus, which yielded to this treatment after the fruitless employment of the usual remedies. The root is the only part of the plant which possesses the required virtue, the leaves being perfectly inert. The formula employed was as follows:—R.—Radiceis spigeliæ dr. iss; mannae oz. j. To be infused in a pint of boiling water. Dose, a cupful three times a day, for three days. A concentrated decoction of the root may at the same time be used as an enema.—*Revue Médico-Chirurgicale*, Sept. 1848.

34. *Lemon Juice in Rheumatic Gout*.—Dr. OWEN REES narrates the case of a girl, aged 18, suffering from rheumatic gout in all her joints, who was treated successfully by lemon juice, in the dose of half an ounce three times a day. In his remarks on the case, he states that he has in many other cases seen marked and rapid relief from the same plan. He first had recourse to lemon juice from a belief that vegetable acids, from the large quantity of oxygen they contain, contribute to effect the transformation of the tissues generally, and moreover, from the idea that the supercitrate contained in the juice, by its transformation contributed to the alkalinity of the blood.—*Med. Gaz.*, Jan. 26, 1849.

35. *Employment of Nux Vomica in the Diarrhœa of Exhaustion*.—Dr. NEVINS mentioned, at the meeting of the Liverpool Medical and Pathological Society, the benefit derived from the employment of nux vomica in the treatment of the diarrhœa from exhaustion, chiefly observed in pauper patients, and especially children. In these cases he had repeatedly found no benefit from astringents

and ordinary tonics, but the patients had rapidly improved under the use of the following prescription:—Alcoholic extract of *nux vomica* (not official, but prepared by most wholesale druggists), gr. ss; rhubarb, gr. ss; saccharated carbonate of iron, gr. j; blue pill, gr. ss.; opium, gr. $\frac{1}{2}$, made into a pill, and taken three times daily. In many cases he omitted the opium altogether.

He attributed the benefit to the influence of the *nux vomica*, which by stimulating the nervous energy of the bowels, enabled the lacteals to absorb the nutriment from the food, and the large intestines to retain the fæces; whilst, at the same time, the iron acted as a permanent tonic; and the very small doses of rhubarb and blue pill improved the character of the secretions, without acting as an aperient. Improvement was generally perceptible in a few days, and he seldom had occasion to continue the prescription more than a fortnight.

Mr. Taylor, of the Liverpool workhouse, confirmed this account from his experience of many cases in the same class of patients in whom he had tried it, on Dr. Nevins's recommendation.—*Lond. Med. Gaz.*, Dec. 1848.

36. *Beneficial Effects of Coffee in Infantile Cholera.*—DR. PICKFORD states, that from the great importance which now attaches to the treatment of cholera, he feels it to be incumbent upon him to impart to others the experience which recent opportunities have afforded him of the effects of *coffee* in the cholera of infants.

In the case of an infant at the breast, to which he was called late, to whom the usual remedies had been administered unavailingly for four days, the exhibition of coffee was attended with complete success. The incessant vomiting and purging had produced extreme emaciation; the abdomen was distended; the pulse was frequent and small; there was great restlessness, and sleeping with the eyes half opened; convulsive motions of the eyes when awake. Carbonate of ammonia, with nourishing diet, and external stimulants, having been fruitlessly exhibited, Dr. Pickford determined to have recourse to coffee, which he knew to have been recommended as a stimulating tonic, by Dr. Dewees. He began with a small dose, a scruple, infused in two ounces of water, with one ounce of syrup, giving a large spoonful every hour. The effect was surprising; the vomiting was arrested; the evacuations became more consistent, improved in colour, and less frequent. The amendment progressed so rapidly, that by the tenth day the child was discharged as cured.

The effects were equally good in a little girl, fourteen weeks old, in whom the vomiting was not so severe, but the diarrhoea was quite as copious. In this case, also, the coffee was given, after other means had been tried, and the patient greatly reduced.

Dr. Pickford has since used this remedy in nine children of different ages, from four weeks to two years and a half. The doses have varied from half a scruple to two scruples daily. He has, also, administered it to children labouring under premonitory symptoms, especially where the evacuations have been very light-coloured. In some cases a single dose of calomel has preceded its employment. The effect was always favourable, except in one case to which he was called too late, when the child was already sinking.

He has not had any occasion to try the value of coffee in the diarrhoea of adults, having found calomel and opium of sufficient efficacy.

The benefit of coffee, especially in bilious diarrhoea, has been extolled by Lauzow and Chultze (*Richter's Arzneimittellehre*, vol. 1). West, in 1813, found a combination of coffee and opium very useful in the epidemic of that year. Coffee has long been employed by the common people as a remedy (in Germany, we suppose), after excessive indulgence in spirit drinking. It is known to have the property of promoting digestion, and the action of the bowels.

The purgative action of burnt coffee, is attributed by Dr. Pickford to its tonic exciting properties. Like some other substances, in small doses it is capable of restraining diarrhoea, while in large doses it acts as a cathartic. The physiological explanation of this opposite effect of the same remedy is probably to be found in the condition of the motor nerves, which, being weakened, are by its moderate stimulus restored to their normal state of excitement, and thereby

diarrhoea depending on their paralysis is cured. In this way, also, is explained its aperient action in larger doses on adults, by its over-stimulating these nerves, and so promoting increased movement of the intestines.—*Lond. Med. Gaz.*, Nov. 1848, from *Henle's Zeitschrift*, vol. vii., part 1.

37. *Palsy of the Tongue cured by galvano-puncture*.—In 1813, an old woman, Rosa Ponti, was seized with general palsy of sensation and motion, in consequence of fright. Of this she was cured, except in the arms, head, and tongue. She could not articulate a word. In 1836, twenty-three years afterwards, Dr. DACAMINA had recourse to galvano-puncture—one pole of the apparatus being applied to the occipital nerve by means of a needle introduced into the neck, and the other to the tip of the tongue. After two applications the patient could raise the organ, and after the third, she could reply to some questions intelligibly, although with difficulty. After this the points of contact were varied, and the electricity applied to different parts. The patient gradually recovered her speech, and the other palsied parts were also cured.—*Psychological Journ.*, Jan. 1849, from *Filiatre Sebezio*.

38. *On the Injection of various substances into the Veins*. By Dr. MANZOLINI and QUAGLINO of Milan.—The municipality of Milan having placed at the authors' disposal a large number of stray dogs, they took the opportunity of injecting various substances into the veins; as pus of various descriptions, blood abstracted for different diseases, and a variety of putrefying animal substances. They then experimented with a variety of poisonous and medicinal agents, as arsenic, corrosive sublimate, iodine, digitalis, quinine, &c. The following are the principal conclusions:

1. *Pus*, whether syphilitic, variolous, or tubercular, does not induce corresponding specific affections in the organism of brutes, but constantly determines a gastro-enteritis and enlargement of the mesenteric glands.
2. Recent blood, though abstracted from patients with fever, small-pox, &c., exerts no effect on the health of animals.
3. The inorganic irritating poisons exert their action on the alimentary canal, inducing generally a gastro-enteritis.
4. This predilection for the intestinal tube seems to be due to the facility with which it becomes an eliminatory organ, by reason of its vast superficies and its easy communication with the exterior.
5. The action excited by pus transported into the circulation explains the colliquative diarrhoea and other gastro-enteric disturbances which individuals suffering from large and old suppurating wounds, open cancer, phthisis, empyema, phlebitis, and gangrenous typhus are liable to.
6. Putrefying substances exert the same effects upon the canal as the irritant poisons.
7. Gastro-enteritis is not met with in those animals which die soon after the injection of these bodies.
8. All poisonous substances, organic and inorganic, whether introduced into the circulation by the veins, or by the digestive apparatus, constantly effect an alteration in the crasis of the blood.
9. That these poisons may exert their action upon the nervous system, it is requisite they should be transported into the circulatory current, the affection of the nervous centres being only secondary; in fact, when the stomach has been deprived of the influence of the par vagum by section, the same results are obtained as when this is uninterfered with.
10. *Vegetable poisonous substances* and their alkaloids, however, attack the nervous system in preference to the digestive tube. Some especially affect the brain, as opium; others the cerebellum and medulla spinalis, as the ethers; and others the medulla spinalis alone, as strychnia, quinine, *lolium temulentum*, &c.
11. Two substances acting upon the same portion of the nervous system, but producing phenomena peculiar to each, when they are given simultaneously, do not confound their actions, but simultaneously manifest their proper phenomena. Thus by giving strychnia to a dog labouring under the tremors produced by *lolium temulentum*, we engraft upon these the tetanic spasms peculiar to the alkaloid.
12. The venous and arterial tree is always found normal, whatever be the substance injected by the veins or administered by the mouth.
13. The remedies known as the narcotics and narcotico-acrids of authors (as aconite, belladonna) never induce gastro-enteritis, however introduced.
14. Dilatation of the pupil may be induced by

remedies which act on the encephalon, as well as by those which act on the medulla spinalis. In the first case, it is due to the torpor which the narcotic substances produce in the nerves of the third pair destined for the motion of the circular fibres of the iris, by which these antagonize the radiated fibres receiving their motor power from the cervical nerves. In the second case, the midriasis depends upon the spasm or excess of excitement of these last nerves.—*Brit. & For. Med.-Chir. Rev., from Gaz. Med. di Milano, No. 46, 1847.*

SURGICAL PATHOLOGY AND THERAPEUTICS AND OPERATIVE SURGERY.

39. *Hospital Gangrene*.—Mr. GUTHRIE terminates a very interesting lecture on Hospital Gangrene, with the following conclusions:—

1st. Hospital gangrene never occurs in isolated cases of wounds.

2d. It originates only in badly-ventilated hospitals crowded with wounded men, among and around whom cleanliness has not been too well observed.

3d. It is a morbid poison remarkably contagious, and is infectious through the medium of the atmosphere applied to the wound or ulcer.

4th. It is possibly infectious, acting constitutionally, and producing great derangement of the system at large, although it has not been satisfactorily proved that the constitutional affection is capable of giving rise to local disease, such as an ulcer; but if an ulcer should occur from accidental or constitutional causes, it is always influenced by it when in its concentrated form.

5th. The application of the contagious matter gives rise to a similar local disease, resembling and capable of propagating itself, and is generally followed by constitutional symptoms.

6th. In crowded hospitals the constitutional symptoms have been sometimes observed to precede, and frequently to accompany, the appearance of the local disease.

7th. The local disease attacks the cellular membrane principally, and is readily propagated along it, laying bare the muscular, arterial, nervous, and other structures, which soon yield to its destructive properties.

8th. The sloughing of the arteries is rarely attended by healthy inflammation, filling up their canals by fibrine, or by that gangrenous inflammation which attends on mortification from ordinary causes, and alike obliterates their cavities. The separation of the dead parts is therefore accompanied by hemorrhage, which in large arteries is usually fatal.

9th. The operation of placing a ligature on the artery at a distance, or near the seat of mischief, does not succeed, from the incision being soon attacked with disease, unless it has been arrested in the individual part first affected, and the patient has been separated from all others affected by it.

10th. The local disease is to be arrested by the application of the actual or potential cautery. An iron heated red-hot, or the mineral acids pure, or a solution of arsenic or of the chloride of zinc, or other caustic which shall penetrate the sloughing parts, and destroy a thin layer of the unaffected part beneath them.

11th. After the diseased parts have been destroyed by the actual or potential cautery, they cease in a great measure to be contagious, and the disease incurs less chance of being propagated to persons having open wounds or ulcerated surfaces. A number of wounded thus treated are less likely to disseminate the disease than one person in whom constitutional treatment alone has been tried.

12. The pain and constitutional symptoms occasioned by the disease, and considered as distinct from these symptoms which may be dependent on disease endemic in the country, are all relieved, and sometimes entirely removed, by the destruction of the diseased surface; which must, however, be carefully and accurately followed to whatever distance and into whatever parts it may extend, if the salutary effect of the remedies is to be obtained.

13th. On the separation of the sloughs, the ulcerated surfaces are to be

treated according to the ordinary principles of surgery. They cease to eliminate the contagious principle, and do not require a specific treatment.

14th. The constitutional or febrile symptoms, whenever or whatever time they occur, are to be treated according to the nature of the fever they are supposed to represent, and especially by emetics, purgatives, and the early abstraction of blood if purely inflammatory, and by less vigorous means if the fever prevailing in the country is of a different character.

15th. The essential preventive remedies are separation, cleanliness, and exposure to the open air—the first steps towards that cure which cauterization will afterwards in general accomplish.—*Lancet*, Dec. 30, 1849.

40. *Pathological Researches into the Diseases of the Ear.* By JOSEPH TOYNBEE, F.R.S. (Proceedings of Royal Med.-Chirurg. Soc., Feb. 15.)—This paper contains the results of 915 dissections, which are classified as follows:—

Ears of persons known to be deaf	184
Ears of persons supposed to be deaf	70
Ears in the stage of incipient deafness	358
Ears in a healthy state	303
Total	915

After some introductory observations, the author enters upon an examination of the state of each of the structures composing the organ of hearing. The most frequent pathological condition of the membrana tympani consists in a thickening of its internal and middle layers, the deposit in its substance of calcareous matter, its adhesion with or without the presence of membranous bands to the inner wall of the tympanic cavity, and the destruction of more or less of its substance by ulceration. In the tympanic cavity, the diseases most frequently present are, a thickened state of the mucous membrane, membranous bands which connect together the ossicula, deposits of mucous, purulent, serofulous, and calcareous matter. Anchylosis of the stapes to the fenestra ovalis occurred in twenty-six instances. One of the interesting results of these dissections is the rarity of disease in the Eustachian tube; in the 612 dissections of diseased ears, only twenty-one disclosed traces of disease in that portion of the organ of hearing. The author pointed out the agreement that exists between the diseased condition described, and the history and symptoms of deaf patients during life, and expressed his conviction that when rational plans of treatment, founded upon pathological research, are fully carried out by intelligent medical men, this branch of surgery will be rescued from the uncertainty which at present attaches to it. The author concluded his paper by pointing out the intimate connection which exists between different parts of the organ of hearing and the brain, its membranes and other important organs.

Mr. TOYNBEE, at the conclusion of his paper, was questioned by a great number of the fellows on various points connected with disease of the ear. It will not be necessary to give the questions and answers in detail, but the subjoined epitome of the answers will convey the entire meaning of the author of the paper.

1. The treatment of chronic inflammation and thickening of the mucous membrane lining the tympanic cavity consists in the use of leeches, followed by an ointment, composed of a drachm of powdered cantharides to an ounce of simple ointment, or of the tincture of iodine, below the ears, and as near to the tube as possible. To the outer half or two-thirds of the external meatus a solution of nitrate of silver is to be applied every third or fourth day; the salt is to be dissolved in water, and its strength may vary from half a drachm to a drachm of the salt to an ounce of water. In some cases, the surface of the membrana tympani is to be washed with a weak solution of the nitrate of silver, from four to six grains to an ounce of water. Where the mucous membrane of the fauces is thick or relaxed, astringent applications should be made. Small doses of blue pill, the bichloride of mercury, or mercury with chalk, should be administered, not with the object of producing salivation, or any depression of the system, but to aid the local applications in promoting absorption. Warm bath-

ing, exercise in the open air, the avoidance of wine and stimulants, and of close and warm rooms, should be strictly enjoined. Under this treatment, cases of deafness, of many years' standing, have been cured or relieved.

2. Catheterism of the Eustachian tube is an operation very rarely called for; in nine cases out of ten, by means of the otoscope,* air is distinctly heard to enter the tympanic cavity, or there are other unequivocal symptoms indicative of the pervious state of this tube;† practical experience with the deaf quite agrees with the result of the dissections of the Eustachian tube.

3. Besides the otoscope, in order to arrive at something like an accurate diagnosis of the nature of ear diseases, it is requisite to use a small lamp and a delicate silver speculum. By means of the two latter instruments the exact state of the meatus and membrana tympani can be ascertained. It will be observed that the latter structure is not unfrequently more concave than natural, a condition which is produced either by direct adhesion of the membrana tympani to the inner wall of the tympanum, or through the agency of membranous bands, or by a contraction of the tensor tympani muscle.

5. The principal disease observed in the fenestra rotunda consists in the presence over it of a distinct false membrane, which is attached to the margins of the fossa fenestræ rotundæ; the latter fossa is often completely filled up by the thickened mucous membrane of the tympanum.

6. Many deaf persons, as in the case of one of the patients in whom there was found to be complete ankylosis of the stapes to the fenestra ovalis, hear musical sounds when sonorous vibration can be made to act upon the nervous expansion, as through the medium of solids.

7. My experience has not been sufficient to indicate by the kind of deafness the particular part of the ear affected.

8. As a rule, I have not found the fluids of the labyrinth deficient in old persons, but the mucous membrane of the tympanum and the membrana tympani have been the seat of the disease.

9. Some deaf persons hear better in a noise, as in a carriage, than when quiet, because the fluid of the vestibule is thrown thereby into a state of undulation, and in this state can receive the vibrations of the thickened membrane of the fenestra rotunda, which are much less powerful than is natural; indeed, supposing the views on the physiology of the tympanum advanced by Mr. Brooke to be correct, and thus far all my researches tend to establish their accuracy, in those cases where the stapes is so firmly fixed as not to be able to press upon the labyrinthous fluids, and give them a certain state of tensivity, the vibration produced by a carriage or by a loud sound would in some measure be a compensation.

10. In some deaf persons there is an over-sensibility of the nerves of the ear, and a loud sound or a loud voice aggravates the malady by causing a forcible contraction of the muscles of the internal ear, and a rigid state of the membrana tympani.

11. Tinnitus aurium is probably dependent upon the constant compression of the contents of the vestibule, and by the pressure inwards of the stapes by means of rigid bands of adhesion, thickened base of the stapes, &c.

12. There are cases where loud reports produce a rupture of the membrana tympani; others, in which the hearing becomes gradually dulled, as in the right ear of sportsmen. I have not been able to dissect any cases tending to elucidate the pathological condition.—*Lancet*, Feb. 24.

41. *Ovarian Dropsy*.—Dr. E. J. TILT concludes an interesting series of papers in the *Lancet*, with the following practical deductions:

1. That small and moderate-sized tumours may be cured by preparations of

* An elastic tube, twenty inches in length, each end being tipped with ebony, one extremity is introduced into the external ear of the patient, the other into that of the surgeon, while the former attempts to make a forcible expiration with closed nostrils.

† Although the air is heard to enter the tympanic cavity, it does so with the production of a variety of sounds, as a puffing, bubbling, and cracking, according to the condition of the mucous membrane of the tympanum.

iodine given in large doses internally, as well as externally, the contents of the cysts being re-absorbed by the walls of the cyst, as in the cases seen by Dr. Rayer and Madame Boivin, or else voided per rectum, or per vaginam, as in many recorded cases.

2. That tapping per abdomen, if employed as a palliative, and without any view towards the radical cure of the patient, should be deferred as long as possible, modern statistics having confirmed Morgagni's opinion of the danger of this operation.

3. That when the cyst is voluminous, and felt bulging in the vagina, there is a sufficient number of successful cases to countenance the puncture of the cyst per vaginam, an India-rubber sound being left in the cavity of the cyst, and moderate pressure being made to the abdomen.

4. That the rupture of the monolocular ovarian cysts, with the effusion of their contents into the peritoneal cavity, instead of being attended (as is even now generally supposed) by the most alarming symptoms of peritonitis, is, generally speaking, unaccompanied by any alarming symptom whatever, thus warranting the subcutaneous incision of the cyst—an operation which has been successfully performed.*

5. That the ulcerative opening of the cyst, after adhesion of its walls to the abdominal parietes, (the new plan of treatment I propose in certain cases of ovarian dropsy,) is supported alike by the complete success by which it has been followed, in the case I have recorded, and by the success attending a somewhat similar plan of treatment in hydatid cysts of the liver.

6. That ovariectomy should be reserved for cases of *multilocular ovarian cysts*, and those *monolocular cysts where there is a considerable amount of solid deposit*, unless, from their diminutive size, or the absence of symptoms, they do not menace the patient's life by their rapid increase.

42. *Aneurism of the Axillary Artery.* By HENRY HANCOCK, Esq. (*Proceedings Royal Med.-Chirurg. Soc.*, Jan. 23d, 1849.)—The subject of this disease was a bargeman, aged thirty-four, who was admitted into the Charing-cross Hospital in August last. The tumour presented all the ordinary characteristics of aneurism, and occupied the entire axilla, raising the pectoral muscles and clavicle. He assigned as the cause of the mischief the falling of a sack of beans upon him two years before. He was bled on admission, and a week afterwards the author placed a ligature on the subclavian artery, external to the scalenus muscle. The case went on favourably for a fortnight, when the tumour showed signs of inflammation. At the end of three weeks, the ligature came away from the artery, six days after which the sac, which had suppurated, burst. Another opening was made lower down, which allowed the escape of a large quantity of offensive blood and matter. The wound made at the operation was then nearly healed. From this time he appeared to be going on well for ten days, when suddenly a gush of blood took place from the sac, and he expired in about three-quarters of an hour afterwards. A careful dissection was made of the parts, and the axillary artery was found healthy, except where it communicated with the sac. The divided ends of the artery were each closed by adhesive inflammation, and a plug of coagulum of about half an inch in length. Six branches were found proceeding from the artery between the part on which the ligature was applied and the opening in the side of the artery into the sac. From one or more of the largest of these, it is the opinion of the author that the fatal hemorrhage took place, the blood being thus brought backwards into the artery above the opening into the sac, and its impulse forcing out the coagulum which

* In addition to the cases published in the table annexed to one of my former papers, others have been reported to me by Mr. Lane, and several other professional friends. I have now forty-one cases of spontaneous rupture of ovarian cysts. In twenty-four, we have every reason to believe that radical cure took place; in six, the patient was thought cured for a time varying from a few months to several years, (this radical or temporary cure being almost always unattended by any alarming symptoms.) In eleven cases, this accident was followed by death. The proportion of fatal cases to cure is as eleven to twenty-four, or rather, eleven to thirty-one—something more than one in three.

was interposed. The author makes some observations on the importance of the sac in all cases of aneurism, and introduces a statistical account of the result of operations for the cure of traumatic and idiopathic axillary aneurism, in confirmation of his impression that the ligature should be placed on the axillary artery itself, "in all cases where the mischief can be traced to a direct injury, and where the size of the tumour admits of our reaching this vessel;" the risk of hemorrhage would, he considers, be thus materially diminished, if not altogether obviated, in case of the sac suppurating, as in the present instance.—*Lancet*, Feb. 3.

43. *Ligature of Subclavian followed by Incessant Cough*.—Mr. B. COOPER states (*Proceedings of Royal Med. and Chirurg. Soc.*, Jan. 23, 1849) that he secured the subclavian external to the scalenus in a thin subject. The operation offered no difficulties whatever, but immediately the vessel was secured, the patient was seized with a constant and continued short cough, which went on until he died. On examination, the phrenic nerve was found to be uninjured, but highly inflamed, as was its neurilemma. He said that unsuccessful cases were often more instructive than successful ones.—*Lancet*, Feb. 3.

44. *Inguinal Aneurism—Ligature of the left external Iliac Artery*.—Dr. WILLIS records (*Lancet*, Feb. 10th, 1849) the case of a negro, 29 years of age, admitted into the hospital at Havana with an aneurism of the external iliac immediately beneath Poupart's ligament on the left side. The tumour had made its appearance about a year previously, and at the period of his admission in hospital the circumference of the base of the tumour was 18 inches. A ligature was applied to the artery by Dr. CASTRO on the 10th of April. On the 15th of May the ligature came away. There was fluctuation in the tumour. A free incision was made into the sac, and about two pounds of fetid coagulated blood let out. The patient put upon full diet, tonics, &c. The sac healed by the 31st of May, and on the 19th June the patient was discharged, and went to work with the perfect use of the limb.

45. *Femoral Aneurism—Compression tried without success—Amputation*.—J. TUFNELL, Esq., has communicated to the Surgical Society of Ireland (*Dublin Med. Press*, Dec. 20th, 1848) a case of femoral aneurism, which, after having been treated by compression without success, amputation was resorted to. The case is important, inasmuch as it was found on examining the amputated limb, that the nature of the accident precluded the possibility of cure by compression, and showed also that the operation of tying the vessel would have been equally unsuccessful. The artery had been torn across, its ends widely separated, and the sac of the aneurism fed by a full current from below, so that no solidification of its contents could have been brought about, and amputation of the limb was the only means of preserving life. Its immediate adoption was the unanimous opinion of all present at the consultation, the correctness of this opinion being subsequently verified by the condition of the limb, if, instead of amputation, a ligature had been placed upon the external iliac artery, gangrene would have most assuredly followed, and the life of the man been lost.

46. *Wound of the Right Kidney successfully treated*. By M. BLANDIN.—A young man, aged twenty, received a poignard wound in the back, in the right subcostal or renal region. He was carried to the Hotel Dieu, complaining of intense pain in the right side, extending forwards towards the iliac fossa, and back towards the wound; he passed blood in micturating, and there was great general anxiety. The wound, which was horizontal, was scarcely two centimetres in length, and appeared to correspond to the anatomical region of the kidney. The position of the wound, together with the bloody urine, led M. Blandin to diagnose a wound of the kidney. The patient was bled largely, and kept perfectly quiet in the horizontal position in bed, and put on low diet. For two days after his entrance into the hospital, the urine continued bloody, but less so than at the first; the venesection was nevertheless repeated three times. On the third day, the bloody urine had disappeared, the patient was free from

fever, and desired food. The small wound, however, still continues open externally, and the low diet and perfect rest are continued; but the absence of fever or other accident, and the cessation of the hæmaturia and pain, give reason to hope that the patient will soon be completely cured. Meanwhile M. Blandin keeps him in the hospital under surveillance, in case of secondary accidents resulting from the injury.—*Annales de Thérapeutique*, September and October 1848, p. 246.

At the time the above observation was reported, the patient was considered by M. Blandin to be almost cured; but, since this, unexpected accidents have supervened, and it is our duty to follow up this rare and interesting case. The patient continued much in the same state as reported in our last, and his convalescence was almost completed, when, owing to excess in eating and walking, he was seized with a sudden return of his former symptoms, namely, abundant hæmaturia, violent bilious vomiting, pains in the wounded renal region, with swelling in that part and in the shoulder, and general anxiety and fever. There seemed to be no affection of the peritoneum, nor of the intestines. These symptoms lasted for some days, in spite of the repeated application of large numbers of leeches and of baths. The violence of the symptoms was assuaged by these means; but a few days later the same causes reproduced the same effects, which were combated by similar measures. At present—about a month from the time of the infliction of the injury, and a few days after the third return of the morbid phenomena—the patient, having lost an enormous quantity of blood by the urinary passages, and also by the general and local bleedings, is feeble, pale, and exsanguinated, like persons who have suffered from severe hemorrhages. M. Blandin keeps him in bed, restricts him to a moderate diet, and causes him to continue the baths. He thinks justly that the same symptoms may return, and perhaps compromise the life of the patient. We will notice the final termination of this case; for it is one of a class of cases which are of rare occurrence and of great interest.—*Monthly Retrospect*, from *Annales de Thérapeutique*, Oct. and Nov. 1848.

47. *Lateral Transfixure of the Chest by a Scythe Blade, followed by complete recovery.* By E. Q. SEWELL, M. D., (*British American Journ.*, Feb. 1849.)—The subject of this extraordinary case was a youth 18 years of age, who had been mowing, and had taken the scythe off the handle, and was carrying it home to have it sharpened. Whilst walking, he happened to step on a log, when his foot slipped, and he fell on the scythe blade, the point of which entered under the right axilla, between the third and fourth ribs, passed horizontally through the chest, and came out through the corresponding ribs of the opposite side, making a small opening. The wound on the right side was about two and a half to three inches long, that on the left, about one inch. The poor lad lay still, until his brother, who was with him, with admirable presence of mind, drew the scythe slowly out, observing with much caution as he did so, the curvature of the blade. The effusion of blood was not excessive, and the patient walked home with his brother's assistance. There was, it is said, no spitting of blood. The patient entirely recovered.

48. *On the Employment of Sugar of Lead in Strangulated Hernia.* By Drs. NEUHOLD and HASSERBRONC.—The use of sugar of lead enemata for reduction of strangulated hernia, was first recommended by Neuber and Seitzl; it has recently been tried by Drs. Neuhold and Hasserbrone. Dr. N. affirms that operations would become very rare where this agent more extensively used: he states that in his experience of its effects, he has always met with success, and that he has given four to six enemata, each containing ten grains, of the acetate of lead, without bad results. In a case of a very large scrotal hernia, which had resisted the taxis, and all other means for twenty-eight hours, and the patient refusing to consent to an operation, ten grains of the acetate of lead dissolved in six ounces of tepid water were given as an enema, and this was to be repeated every two hours. The pulse, which was small and contracted, gradually became more developed, the general condition hourly improved, and the hernia spontaneously returned while the man was asleep. In another case of

inguinal hernia, Dr. N. was not called till strangulation had lasted three days, and had given rise to the worst symptoms. The patient's condition improved much after the use of the enema, and the hernia readily yielded to the taxis.

Dr. Hasserbrone has tried it, and with complete success; the following are the circumstances of the case:—In the month of September, 1848, Dr. H. was called to visit Michael Th—, a basket-maker, about sixty years old, to reduce a large inguinal hernia of the right side. The patient had already made several ineffectual attempts to reduce it, but he only rendered the tumour more painful. Constipation was present, hiccough, and strong agitation. Dr. H. tried the taxis, emollient enemata, cold applications to the tumour, and other usual means, without success: the strangulation had already lasted thirty-six hours. He was going to request a consultation for the purpose of advising an operation; before doing so, however, he determined to try sugar of lead enemata, forty grains to twenty-four ozs. of warm water for four enemata; two every two hours; at the same time he ordered cold applications of strong sugar of lead to the tumour: after the third enema Dr. H. again tried the taxis, and was able to reduce the hernia. He ordered immediately an ounce and a half of castor oil; the patient had several stools during the night without suffering any bad effects: two days after he resumed his usual business. Though not altogether sharing in M. Neuhold's hopes, Dr. H. believes this remedy will play an important part in the treatment of strangulated hernia, and that it will advantageously supplant tobacco enemata, which are not free from danger.—*Month. Retrospect*, Feb., from *L'Union Médicale*, Nov. 30, 1848.

49. *New Method of Treating Urethral Pains following Gonorrhœa.*—M. VIDAL (de Cassis) having frequently remarked that these pains were relieved by pressing the penis with the fingers, has been led to try compression for their treatment, and has found it useful, affording a perfect cure in many cases, and a marked alleviation in others. The operative procedure, says M. Vidal, is so simple that it is scarcely necessary to mention it. "The surgeon takes a long strip of diachylon plaster, one centimeter (two-fifths of an inch) in breadth, and rolls it around the penis in the same manner as a common bandage, beginning at the glans; or, still better, he may apply it more accurately by using a number of small strips of plaster, each of which shall only be sufficient to encircle the organ once, and the two extremities of each strip should be made to cross upon the urethra, for the purpose of insuring the firmness of the dressing. The principal point to be attended to is the degree of compression, which ought to be as firm as possible, without interfering with micturition, which would, of course, necessitate the removal of the dressings. The compression should be continued for a considerable period after the cessation of the pains, to prevent their return." M. Vidal cites two cases, from amongst great numbers which he has treated, in favour of this mode of practice.—*Ibid.*, from *L'Union Médicale*, Oct. 7, 1848.

50. *Luxation of the Astragalus inwards; Reduction.* By MM. THEVENOT and BOYER.—On the 8th of September, the patient, a heavy person, was thrown from his horse, and, when he endeavoured to rise, found that he could not stand on the right foot. He was seen soon afterwards, when the limb was found to be in the following condition. The anterior part of the foot formed a right angle with the leg, and there was neither shortening of it nor of the heel, but the whole foot had been forced outwards, so that its axis, instead of being continuous with that of the leg, was about an inch external to it. The fibula was entire, and below the external malleolus there was found a large cavity, into which the integuments could be pushed to a considerable depth; this cavity was bounded inferiorly by the superior aspect of the os calcis, which could be easily felt. The tibia was uninjured, but below the internal malleolus, a large hard polished surface was felt lying immediately under the skin. This surface was evidently the articular pulley of the astragalus, and in front of it the depression formed by the neck of that bone was felt. The malleolus rested firmly upon the external aspect of the astragalus, which had become superior. The skin at

this part was much stretched and discoloured by the pressure, but not perforated.

The day after the accident, the patient having been put under the influence of chloroform, M. Boyer endeavoured to reduce the dislocation. Two assistants made extension of the heel, whilst other two maintained a counter-extension of the thigh, the leg being half flexed, with its inner aspect looking upwards. Considerable lengthening having been thus affected, he tried to push back the astragalus. The bone was easily forced into the place made by the extension, but it retained its wrong direction, and the displacement recurred as soon as the extension was lessened. Several such attempts having failed, M. Boyer, whilst the limb was being extended, pushed upon the external margin of the foot with his knee, so as to cause forcible abduction of it, and at the same time pressed with both thumbs on the superior border of the astragalus. The displaced bone was thus turned round, and resumed its right position with a loud crack, the deformity completely disappeared, and the foot could be moved without causing pain. No unfavourable symptoms occurred; the patient gradually recovered the use of the limb, and he can now walk with ease.—*Monthly Retrospect*, Jan. 1848, from *L'Union Medicale*.

51. *Vertical Dislocation of the Patella*.—Dr. MENDOZA, in his Surgical Statistics of the Hospital of Barcelona, during the year 1847, reports an interesting case of vertical dislocation of the left patella, in which the internal edge of this bone was engaged in the depression between the condyles of the femur, and the external edge had become the interior edge, and the anterior face had become the internal face, whilst the external face had become the posterior face. Great efforts were made to replace the patella in its natural posture, but in vain; and only a slight alteration was produced in the position of the bone. The patient was then placed under the influence of chloroform, and, upon a rapid and forcible flexure of the leg, the patella regained its natural position with an audible noise. The internal condyle of the femur had, in this case, performed the part of Guyat and Wolff's apparatus.—*Med. Times*, Dec. 16.

52. *Excision of the Os Calcis*.—Mr. T. M. GREENHOW related to the Newcastle and Gateshead Pathological Society, (Nov. 13, 1848,) two cases of excision of the os calcis, which operation, he conceived, has an advantage over the operations of Mr. Wakley and others, inasmuch as it left the patient the free use of the ankle-joint.

The first case was that of a pitman, who was admitted into the infirmary, June 15, with an abscess discharging from the left heel, and the adjacent tissues indurated and swollen. It was stated by the patient, that eight weeks previously, a nail had accidentally been thrust into the affected part. There was likewise a distinct sense of fluctuation below the outer malleolus. The foot could be flexed on the leg without causing pain. On introducing a probe, the bone was found exposed and carious; rested ill. Ordered poultices, and twelve grains of Dover's powder every night.

For a period of two months he continued in the same state as on admission, and there being little prospect of amendment, it was determined to remove the diseased os calcis, which operation was accordingly performed on the 15th August, in the following manner:—

First, an incision was made at the internal malleolus, and carried to the centre of the heel, where it communicated with a like incision, extending from the external ankle. A third passed transversely across the sole of the foot, to join the two former. Each malleolar flap was then formed by continuing the incisions along the external and internal margins of the foot. The flaps were dissected back, the tendo Achilles divided, and the knife being introduced between the astragalus and os calcis, the bone was forcibly disarticulated and dissected out.

On the 22d, the report stated that sloughing of the flaps had occurred, with swelling and redness of the integument on the back of the leg. An abscess formed in the calf a few days afterwards, and was opened. From this period he continued to amend in every respect, the abscess having gradually closed

up, the tendency to slough in the seat of operation ceased, and the wound cicatrized favourably.

The second case was also that of a pitman, aged 29, who was admitted into the hospital August 10th, 1848, with disease of the left foot, affecting principally the os calcis, which can be felt in a carious state by a probe introduced through several fistulous apertures.

The disease was stated to have commenced two years and a half previously, with spontaneous inflammation and subsequent abscess. For this disease he was under surgical treatment in this hospital some months ago, and some portions of diseased os calcis were then removed.

On the 15th August, another portion of diseased bone was removed, the patient being under the influence of chloroform. He continued to progress favourably after the operation, up to September 3d, by which period the incisions had nearly healed. The foot then became inflamed and tender, accompanied with oedema of the extremity as far as the knee. Considerable sympathetic fever likewise supervened.

The report of the 5th stated that the febrile symptoms had somewhat abated, but the inflammation had extended up to the knee. On the 8th, the erysipelas was principally confined to the foot, attended with oedema, and a greater lividity of the integument. An incision was made along the dorsum of the foot. From this period the inflammation gradually declined, and the wounds healed up, with the exception of several fistulous apertures on each side of the foot, through which the bone (os calcis) was felt extensively diseased.

On October 17th, removal of the diseased os calcis was determined on, and the operation was accordingly performed, in a similar manner to the preceding case.

The report of November 10th stated that the wounds had almost healed up, and that the deformity was not very great.

In the first case the patient retains the use of the ankle-joint, and is already capable of bearing considerably on the affected limb.—*Lond. Med. Gaz.*, Dec. 1848.

53. *Excision of the head of the Femur in Morbus Coxarius.*—In a clinical lecture recently delivered by Professor SYME on morbus coxarius, he reprobated, we think very properly, the operations lately performed for the cure of this disease.

“Latently,” he observed, “in some of the London hospitals, it has been attempted to cure the disease by removing the carious head of the femur; but this is improper, as caries of the joint never exists without the bones of the pelvis being equally involved. I regret that these operations should have been attempted, as they tend to throw discredit on the excision of other joints, such as the elbow, where the practice is eminently useful, and which has now become an established operation in surgery. If the disease admits of recovery, excision of the head of the thigh-bone is superfluous and useless. If it does not admit of recovery, cutting out the head of the thigh-bone can only hasten the fatal termination. If the patient recovers after the head of the bone has been cut out, it is a distinct evidence of the uselessness of having excised it. If caries is curable, why amputate the head of the bone? If incurable, why remove the head of the bone, and, at the same time, leave behind carious portions in the acetabulum, which cannot be removed?”

“Common sense and their unsuccessful results will, no doubt, ultimately show the impropriety of such operations.”—*Med. Times*, Dec. 30, 1848.

54. *A new mode of removing Nævi.*—J. C. CHRISTOPHERS describes (*Lond. Med. Gaz.*, Dec. 1848) a method of applying a simple ligature to strangulate and remove nævi, which, he says, he has employed in six cases, and in all with perfect success, and without any untoward accident occurring. His method is as follows:—

1st stage.—Take a piece of strong silk, well waxed, about half a yard long, and dip the moiety of it in ink to dye it, the more readily to distinguish the ends after it is divided; thread a needle with the same, leaving the ends equal,

and pass it under the centre of the part to be removed. This done, cut the ligature in the middle, leaving the needle attached to the inferior or black half of the ligature; take the same and pass it through the skin, immediately below the part to be strangulated. Thread the needle with the superior or white half of the ligature, and pass it through the skin in an opposite direction to the black ligature, immediately above the part to be strangulated. Remove the needle.

2d stage. Tie tightly the two ends of the black loop that includes the inferior half of the nævus. Tie in the same manner the two ends of the white loop that includes the superior half of the nævus. The four ends remaining, two black and two white, are now to be tied alternately and tightly, the one to the other, and the operation is completed. The whole mass to be removed is by this means completely and entirely enclosed in a double circle, both from within and without, and is most effectually and permanently strangulated. The pain, he says, of this operation is trifling.

OPHTHALMOLOGY.

55. *Case of Cysticercus Cellulosa in the Anterior Chamber of the Human Eye.* By WM. MACKENZIE, M.D., Surgeon-Oculist in Ordinary, in Scotland, to the Queen.—(*Proceedings of the Royal Med.-Chirurg. Soc.*, Nov. 28, 1848.) E. G., aged 16, applied at the Glasgow Eye Infirmary, in September 1848, on account of obscurity of vision in the left eye. On examination, a spherical body, about one-eighth of an inch in diameter, was discovered lying close in front of the pupil, in the anterior chamber, and this proved, on closer inspection, to be a cysticercus cellulosa. The patient stated, that in June the left eye had been the subject of acute inflammation, which occurred immediately before the appearance of the hydatid. Objects placed in a direct line before the eye or below it, she saw very indistinctly, but in a moderate light the expansion of the pupil left one-third, at its upper part, unobscured. The position of the hydatid varied to a certain extent, and was an object of curiosity to many. Its opaque body, its tail, vesicle, and rostellum, together with its four lateral suckers, could be distinctly made out, and it was observed to be most lively in the morning and when the patient was warm. She was quite unconscious of the motions of the hydatid, and did not appear to suffer pain from its presence. On October 14th, the foreign body was removed by the following operation:—The patient was placed on her back, and the eyelids being retracted, a puncture was made with Beer's pyramidal knife, at the temporal edge of the cornea, to the extent of $\frac{3}{8}$ ths of an inch. Schlagintweit's hook was then introduced, and the hydatid was seized and easily withdrawn. The iris protruded a little through the wound, but was readily reduced by friction, through the medium of the upper eyelid. Not a single bad symptom followed, and the patient was dismissed quite well in a week. The hydatid was placed in tepid water, and continued to move for fully forty minutes after its removal from the eye. Viewed through a compound microscope, the transparent corona of claws surrounding the rostellum were distinctly seen, as were the corpuscles scattered over its neck, and the four lateral suckers. The author states it as his opinion that the attack of ophthalmia in June, immediately preceding the appearance of the hydatid, was owing to the development of its ovum in one of the blood-vessels of the iris or choroid, and that the inflammation ceased suddenly as soon as the hydatid dropped into the anterior chamber, where it lived at its ease, and thrived on the aqueous humour. He then proceeded to make some remarks on other cases recorded, and to state his reasons for not trying any application to the eye with a view of killing the hydatid, which he considered likely to irritate the organ; and even if effective, an exciting cause of inflammation would still be left. He did not apply belladonna, fearing that the cysticercus, as occurred in Neumann's cases, might fall into the pupil and irritate the iris. A further delay in operating he considered unjustifiable, on account of the risk which it involved of inflammation being excited and the eye being sacrificed.—*Lond. Med. Gaz.*, Dec. 1848.

56. *Case of Foreign Body in the Eye.* By JAMES DIXON, F. R. C. S. E., Surgeon to the London Ophthalmic Hospital.—The following case of expulsion of a foreign body, which had remained *eight years* in the anterior chamber of the eye, shows that the formation of a fibrinous cyst around such fragments of metal, does not ensure the patient against the recurrence of inflammation, and enforces the propriety of immediately removing them whenever it can be done without serious injury to the organ.*

P. G., aged 35, a shoemaker, slenderly built, and of pale, unhealthy complexion, came to the London Ophthalmic Hospital, January 10, 1848, complaining of intolerance of light, pain, and impaired vision, in the right eye. The cornea was clear; the sclerotic presented a vascular zone; the iris moved sluggishly when exposed to the light; the pupil was drawn a little downwards and inwards. On the lower and inner part of the iris, midway between its ciliary attachment and the edge of the pupil, lay a small, rounded mass, the size of a mustard-seed, which seemed to be a foreign body, thinly coated with fibrin. The patient could still see large letters, but within three days had been able to read small print, with this eye. He stated, that eight years ago, the eye was struck (he supposed with a shot) as he stood a few yards distant from a man who was shooting sparrows. Pain and redness of the eye came on, and he consulted a medical man, who gave him medicine which made his mouth sore. The sight was not much affected at this time, and it remained good and useful—almost as good as that of the other eye—for about three years. Inflammation then returned, and he applied a second time for medical aid; mercury was administered, and at the end of a fortnight he was so much better, that he discontinued his attendance. No further inconvenience was felt until the beginning of the present year. On his first visit to the hospital, he was leeches and purged, and then calomel was ordered night and morning, with opium. Within three days the foreign body was more than half denuded of its fibrinous covering, and proved to be a thin, flat scale, like a fragment of a percussion cap. A fresh deposit of fibrin soon took place, and until the end of June inflammation continued, with varying intensity, but the foreign body was never sufficiently free from fibrin to allow of its being extracted without a risk of injuring the lens, which remained perfectly healthy. During February, fresh deposits of fibrin occasionally took place, and were absorbed again: by the middle of March the fibrinous effusion on the hinder face of the cornea was so extensive as to hide the lower half of the pupil, and fine red vessels were seen passing into this fibrin.

On the 10th of April, a little white elevation, with a dark dot in the centre, appeared in the middle of the fibrinous patch on the cornea, as if the substance of the latter were softening, and about to give way. Three days later a fine black point protruded; it was readily seized, and a minute scale of metal extracted, which, on being tested, proved to be copper. No escape of aqueous humour followed its removal, as it had become completely enclosed by fibrin, which formed a barrier behind, at the same time that absorption of the cornea was going on in front.

June 5. A dense opacity hides the inner half of the pupil, and, except a slight adhesion of the iris, is the only morbid result of the injury. The iris is active, the lens perfectly transparent, and vision good.—*Dublin Quarterly Journal*, Aug. 1848.

MIDWIFERY.

57. *On the Causes of the Endemic Puerperal Fever of Vienna.* By C. H. F. ROUTH, M.D.—(*Proceedings of Royal Med.-Chirurg. Soc.*, Nov. 28, 1848.) There are three lying-in departments in the General Hospital of Vienna. To one of these strangers are not admitted. Of the two others, to which only the author's

* The late Mr. Walker observed, that copper was "a substance incapable of solution within the eye."—*Oculist's Vade Mecum*, 1843, p. 325.

remarks refer, one is destined for the instruction of medical men and midwives, the other for the instruction of midwives only. The average number of deliveries in each department is from 250 to 300 per month. The mortality in the division for midwives and medical men has generally been thirty per month, and has occasionally been seventy. In the division for midwives only, the number of deaths has generally been from seven to nine per month. The clinical instruction is conducted on precisely the same general plan in the two departments; but the medical men receive also practical instruction in a private course, in which the operations are performed on the dead body of some female, while the midwives receive this instruction by means of the leather phantom. The frightful mortality in the division to which medical men are admitted, became the subject of a government inquiry, and the number of students in attendance was reduced from forty to about thirty. The mortality, however, remained the same as before. On inquiry, it was found that in other countries, where there were two divisions in the lying-in hospitals, one for midwives, and another for medical men, the mortality was far greater in the latter. The author shows that this difference could not depend on the manipulations of male attendants being more rough than those of midwives, nor to the influence of contagion or infection. He adopts the explanation proposed by Dr. Semelweiss, the assistant-physician of that division of the Vienna Lying-in Hospital, in which the great mortality has occurred—namely, that the real cause of the mortality from puerperal fever there, was the “uncleanliness of medical men and students in attendance;” their hands being impregnated with cadaveric matter through dissecting, making autopsies, and performing obstetric operations on dead bodies. Dr. Semelweiss recommended all students attending his division of the lying-in hospital, not to handle the dead matter, or, if they did so, forbade them making any examination of the patients till the following day. And he directed every student to wash his hands in a solution of chlorine prior to, and after every examination made on the living subject. The result was, that the number of deaths was reduced from thirty per month to seven per month, the usual average mortality of the division for midwives only. The author makes some remarks on the modes in which the cadaveric matter may be introduced from the hand of the medical attendant into the system of the woman. He then describes the characters of the puerperal disease so fatal in the Vienna Hospital, with the view of demonstrating its resemblance to the effects of a poisoned dissection wound; and he concludes by recapitulating the inferences which he believes to be justified by the facts stated in his paper.

Dr. WEBSTER regarded the paper as a very valuable one, but thought that the author had not attributed sufficient influence to the situation of Vienna, in the production of the large amount of mortality by puerperal fever in that city. It was well known that Vienna was the most unhealthy place in Europe. Fever of a low type was very prevalent there. The hospital was situated in a damp position, and was ill-ventilated and unclean. The students, also, were anything but cleanly. The mortality announced in the paper was truly frightful. The same objection as to situation also held good with respect to Strassburgh and Prague, in both which cities the hospitals were on the banks of a river.

Dr. E. MURPHY said that the novel point in the paper was the fact established by the author, that puerperal fever was propagated by the students who had been recently examining dead bodies. The facts brought forward in the paper he (Dr. Murphy) thought proved that the above mode of contagion prevailed. In his own experience in the Dublin Lying-in Hospital, he had found attention to ventilation and cleanliness the best preventive of the disease. When Dr. Collins was appointed master of that institution, the puerperal fever was at its height. He had tried every means to eradicate it. The perseverance in improved ventilation, the use of chloroform, &c., succeeded; the disease gradually subsided, and for the last four years there had been no case of puerperal fever in that institution. He referred to the case of a German student, who was constantly at post-mortem examinations, both within and without the house. Puerperal fever seemed to attend him wherever he went; but, on his giving up his pursuit after dead bodies, the fever subsided.—*Lond. Med. Gaz.*, Dec. 1848.

58. *Influence of the Mother's Imagination upon the Production of Monstrous Children.* By Dr. BURDON.—It is a fact, that the workings of a strongly excited mind may produce very great changes in the body, either immediate or remote; but it may at the same time be observed, that this power of the mind is circumscribed within a limited circle, even within its own body. It may be felt in the several tissues, glands, and viscera; it may produce sympathetic irritations and nervous movements; but it has no constructive or creative power. Who, by an effort of his mind, could place another hair on his head, or add a cubit to his stature?

In forgetfulness of this and common sense, and only noticing the fact, that the mind of one individual cannot alter the body of another, it is asserted, that the little being within the womb cannot be considered as a foreign body with respect to the mother, but rather (in consideration of its connections) as a part of herself.

Dr. William Hunter examined very patiently the influence of the mother's imagination upon her still unborn child, and proceeded upon this right plan of investigation. In 2000 cases of labour, immediately on delivery, and before examining the child, he inquired of the woman whether, during her pregnancy, she had a longing for, or had been frightened by, or her thoughts had dwelt on, anything particular for any length of time? He questioned her also as to her own ideas on the subject, as to whether she expected to find a mark on the child; if so, what kind, and why? All her answers were taken down in writing, and then he examined the child. He declares that though he found many children marked, yet in not one single instance of these two thousand did the answers or expectations of the woman agree with the result. Many expected a mark where there was none; and others had not thought of the subject, and had got through their term unnoted by any incidence when there was. Both the St. Hilaires, father and son, have been very assiduous in collecting the particulars of every recorded abnormal birth; and the latter asserts, as I have mentioned further back, that Dr. Martin's case is the only authentic one in which the woman said before her confinement that her child should be born marked, and her feelings proved to be correct. Thus it is clear how the numbers of instances have been collected to form such a large mass of evidence as proof of the truth of our subject. But when closely examined, the magnitude of this mass fades into insignificance. Remove the ample folds of its gossip drapery, and the giant becomes a dwarf. As I have myself mentioned a number of cases of monstrosities, in which the impression was made on the mind of the mother prior to the birth of the child, do I mean to deny the existence of cause and effect? Certainly not. Let us examine what constitutes the logical term, cause and effect. It is this: A certain act being always, or nearly so, followed by the same consequences. If occasionally the primary being present, the succeeding phenomenon does not appear, we readily admit that in such instances the usual cause is overpowered by some other cause. But be it remembered, that the exceptions must be few in comparison with the rule. Is such the case with the subject before us? No such thing. Every woman, I repeat, during her gestation of nine months, must have had her attention arrested by some object, or must have been struck by some one idea more forcibly or more frequently than by others, and yet, comparatively speaking, there are but very few children born with a blemish. How, then, are these facts to be explained which have occurred? I answer, the agreement between them is merely accidental, and cannot be looked upon as cause and effect. Every person has been struck by meeting with a number of remarkable fortuitous coincidences. If these were collected and set in a note-book, they should far outnumber those which take place between mother and child.—*Month. Retrospect*, Feb., from *Dub. Med. Press*, Nov. 29, 1848.

59. *Ulceration of the Os and Cervix Uteri treated with Solution of Gun-Cotton.*—In an interesting paper on this affection in the *Dublin Medical Press* (Oct. 4th, 1848) Dr. T. R. MITCHELL observes, that the *rationale* of treatment in these cases consists in applying a remedy which will form an artificial covering to the ulcer, and permit of the healing process to go on underneath. The application gene-

rally employed is nitrate of silver, either solid or in solution, applied through the speculum to the part. Persons who have extensively used this remedy are aware that it sometimes acts as a caustic as well as by forming an eschar, and that its caustic power is sometimes too great. How often has it happened to me to find acute symptoms arise when I only desired a protective power to be exerted. Reasoning upon the *modus curandi* of this remedy, it struck me that if I could apply an artificial coating to the ulcer which would not possess any irritating properties, that a great point would be gained in the treatment of these distressing affections. Having proved the value of gun cotton solution in various cases of external lesions, I thought it would be of use in those under consideration. I have now given it a fair and impartial trial, and have no hesitation in recommending it as a most useful remedy.

The following is the method I have adopted in its application:—The patient being placed upon her left side, and the speculum introduced, the ulcerated surface is to be wiped dry with a succession of pieces of soft lint, until all adherent mucus is removed; a camel's-hair pencil dipped in the solution is then to be rapidly applied to the ulcerated surface, and allowed to dry, which will occupy a couple of minutes—a second, third, and fourth coating, if necessary, can thus be applied; the first coating is followed by a slight burning sensation caused by the ether, followed by a sensation of coldness from its evaporation. The application requires to be renewed at the end of forty-eight hours, as the secretion collects underneath the varnish, and detaches it. In cases of simple abrasions three dressings have proved successful: in more obstinate cases, and where large granulations have been present, I have used nitrate of silver, acid nitrate of mercury, and potassa fusa first, and then applied a varnish of the gun-cotton over the eschar, and have succeeded in curing extensive ulcers of the cock's-comb variety in half the time I have been able to succeed without the solution.

In cases of vaginitis without ulceration, I have found the painting of the walls of the vagina with the solution most beneficial. The difficulty, however, is to dry it well, which requires time and trouble, but in my mind the result amply repays both, the friction of the surfaces is prevented, and the amount of suffering, pain and inflammation consequently much diminished.

60. *On the Statistics, Pathology, and Treatment of Puerperal Insanity.*—Dr. WEBSTER read a highly interesting paper on this subject before the Westminster Medical Society (Nov. 18, 1848), in which he gave several elaborate statements respecting the frequency of puerperal insanity compared with other varieties of mental disease. To illustrate this point, he stated, that in 1091 curable female patients recently attacked by insanity, and admitted into Bethlem Hospital, during the last six years, 131, or one-eighth of the whole were puerperal cases; thus showing that the malady is not so unfrequent as many may perhaps believe. Again, as to the curability of this form of mania, more recoveries were reported than in the other varieties of lunacy; 81 puerperal patients having been cured, or at the rate of 61.83 per cent.; whereas the average recoveries during the last twenty years, in all cases of insane females treated at this institution, was 53.67 per hundred. Hence, three in every five cases of puerperal insanity may be confidently expected to get well within a year. In regard to hereditary tendency to mental disease, 51 of the 131 patients were so predisposed, or 39 per cent.; whilst 41 were suicidal, being at the rate of 31 in every 100. Both these peculiarities are of much importance in this malady, and materially influence the disease, its progress, and result. The total deaths in the 131 puerperal patients amounted to six, or four and a half per cent., thus making the average rate of mortality nearly the same as in other species of insanity, taken collectively. The particulars of the fatal cases, and pathology, next occupied attention, and he (Dr. Webster) stated, that three of the six patients who died were suicidal and hereditary; one was only hereditarily predisposed to insanity, but not suicidal; whilst two, it was reported, had neither of these peculiarities; and none were insane previously. In addition to these facts, Dr. Webster also mentioned, that half the deaths occurred in patients who were not affected longer than fifteen days, the shortest period being eleven days, and all were attacked by insanity

within seventeen days after their confinement. In none of the dissections were any morbid appearances observed in the abdomen, but the lungs always appeared diseased, as also the brain and membranes. The details of one autopsy were then described, as a specimen of the diseased changes of structure frequently met with in puerperal mania, the principal morbid alterations being, turgidity of the blood-vessels of the brain and membranes; large, bloody points on cutting the cerebral substance; slight serous infiltration of the pia mater, and considerable effusion of fluid in the fifth ventricle: adhesion and purulent ulceration were noticed in the left lung, with hepatization in other portions of that organ, and in the right lung partial pneumonia in the congestive stage. Although this patient had been delivered only twenty-six days prior to her death, no corpus luteum could be discovered in either ovary, nor any diseased changes of structure in the abdomen. Notwithstanding it appeared rather a digression, the author, in his paper, remarked, that gangrene of the lungs, however rare an occurrence in persons carried off by bodily disease, but without any mental affection, sloughing of that organ was not unfrequent in lunatics. He said so from his own knowledge, and others had also made similar observations, especially in continental asylums for the insane. Dr. Webster afterwards alluded to the treatment of puerperal insanity; and considering cerebral irritation, combined with great exhaustion of the nervous system generally to constitute the true character of this disease, and that it rarely, if ever, proves inflammatory, he thought depletion, or the use of strong antiphlogistic remedies, became very seldom admissible. Leeches appeared in some cases advisable, but even then should be applied with great caution, and their effects carefully watched. As a general maxim, the author advised the same principles to be followed in the treatment of this malady as in delirium tremens, since the nature of the two diseases was somewhat analogous. Opium, camphor, ammonia, and aromatics, with some of the diffusible stimuli, proved excellent remedies, and ought to be chiefly relied upon. When opium fails to procure sleep—so beneficial in this as indeed in every form of insanity—then conium, hyoscyamus, or Indian hemp, may be substituted. Mild purgatives, to open the bowels, and sometimes cathartics, should be prescribed; but powerful drastic medicines are seldom advisable. Enemata also are useful, and sometimes with turpentine. When the disease assumes a more chronic form, setons or issues may be made in the neck, &c. The shower-bath, from its strengthening influence, then acts beneficially, whilst tonic remedies, with more nutritious food, become necessary, and prove advantageous; indeed, low diet is very often prejudicial in insane patients, and it has been long remarked in many asylums, that improved nutriment, especially in lunatics who have previously suffered privations, frequently becomes a powerful means for promoting recovery. In recent cases of puerperal insanity, when the circulation is accelerated, accompanied by evident congestion of the brain, leeches to the temples and behind the ears, or blisters, might then be applied, and afterwards cooling lotions, with ice to the head; whilst tartar emetic, or ipecacuanha, in nauseating doses, and digitalis, may be administered for the same object. Besides mental treatment, moral means, with judicious occupations and amusements, when proper for the patient, must not be overlooked, as these very often constitute aperitive adjuncts in the management of the insane. With the view of briefly illustrating the symptoms and treatment proper to pursue under ordinary circumstances, the author next narrated two cases of puerperal insanity, one being affected with mania, the other with melancholia. In the first, or maniacal case, the patient, a single woman, aged 21, whose child did not survive, had hereditary tendency to mental disease, but was reported not suicidal. She was very noisy, incoherent, often much excited, frequently very wild, violent, exceedingly mischievous, used bad language, destroyed her clothes, and paid no regard to personal cleanliness. Took food voraciously, was very restless at night, and dirty in bed. Pulse generally quick, and bowels constipated. The remedies employed consisted of opening medicines, cooling saline mixtures, and croton oil, on one occasion, with regulated diet. Subsequently, bodily occupation and amusements were put in requisition, whereby the patient soon became convalescent. The second case was an example of the

variety denominated melancholia. In this patient, a married woman, age 30, suicidal and hereditary tendency to mania existed. She was hasty in temper, but naturally cheerful. The attack commenced a month after delivery, and her child was weaned when six weeks old. Had been much debilitated by hemorrhage after labour; appeared often very depressed; melancholia; generally very desponding of her insane state, and had attempted to injure herself. She took food very unwillingly; could not sleep at night; would scarcely remain in bed, and endeavoured to escape from her room. Pulse of natural frequency, and bowels regular. Early in the disease leeches were once applied to the temples, and afterwards blisters to the neck on three occasions. Opiates and camphor were prescribed, with purgatives, especially the compound decoction of aloes. Latterly, the cold shower-bath and tonic medicines were employed. The diet, at first light, was subsequently more nutritious, with malt liquor, by which means, and proper occupation conjoined, as the patient improved, with amusements, she recovered. In concluding his paper, of which the above report is merely an abstract, the author made a few observations respecting the employment of restraint to persons labouring under lunacy in any form. Dr. Webster is decidedly opposed to the use of such severe measures; and said, if improper in ordinary cases of mania, mechanical coercion was even more inapplicable to puerperal insanity; and whenever the straight-waistcoat is adopted lest the patient might injure herself—the excuse commonly assigned by attendants—the exasperation and excitement then exhibited appear more frequently a consequence of, than a warrant for, such barbarous proceedings. This is found to be especially true in respect of suicidal patients; since experience amply demonstrates that the mechanical restraint of insane persons so disposed, and even of individuals who have never shown any propensity of the kind, often acts as a highly exciting cause of suicide. The degradation which even lunatics feel, when thus treated like criminals, frequently produces most injurious effects upon the weakened mind of the sufferer, and if the insane patient subjected to such cruel treatment be a female of delicate constitution, susceptible feelings, high accomplishments, and of education, the objections to straight-waistcoats, or similar means, become much stronger, as the results, in all likelihood, will prove more disastrous.

Dr. MURPHY was of opinion that the antiphlogistic treatment, in cases of puerperal insanity, was very dangerous. He had found opium, where nervous power was deficient, a valuable stimulant. Cases which occur during lactation he considered very fatal. He briefly alluded to puerperal fever being sometimes mistaken for this disease. Puerperal insanity, he stated, was rarely seen in lying-in hospitals, one case in 1000 being about the average to the women delivered in the Dublin Lying-in Hospital. He concluded his remarks by asking Dr. Webster whether he considered that lactation favoured the development of this disease?—*Lond. Med. Gaz.*, Dec. 1848.

61. *In what Cases (other than of Contracted Pelvis) is it proper to induce Abortion or Premature Labour?*—Professor PAUL DUBOIS, in the lectures, of which we propose to give an abstract, confines himself to those cases where the safety of the mother is in question, not regarding in any respect whether the child is viable or not. This absolute abandonment of the interests of the infant, when the life of the mother is seriously endangered, although a principle not admitted by many accoucheurs, now finds less and less opposition every day. M. Dubois lays down the following propositions:—

Pregnancy introduces into the economy numerous physiological and anatomical changes:—

Among these changes some are constant; as the expansion of the uterus, and the vascular development of this organ.

Others are variable; such as the phenomena arising from sympathy between the uterus and other organs.

These changes are generally confined within limits compatible with the general health:—

Sometimes they exceed these limits, and give rise to morbid affections more

or less serious, and such that the only resource for the mother's safety is to bring on labour.

Independently of the affections alluded to above, there are other diseases which may develop themselves during pregnancy, and, in addition, be aggravated by the mere co-existence along with them of that state. This aggravation may arise from mechanical conditions, or by way of sympathy, and may render necessary the induction of labour.

A case of severe bronchitis during pregnancy lately occurred in M. Dubois' clinique, where he had resolved to induce premature labour. But a favourable and sudden change took place in the disease, and rendered this operation unnecessary.

The following additional propositions are laid down by M. Dubois:—

1. Premature labour is more certainly indicated and induced with more chance of success, according as the morbid states for which it is resorted to as a cure, are more closely connected with the pregnancy, and the necessary concomitant conditions of that state.

2. Further, success is more probable according as the circumstances indicating the operation are likely to disappear on the cessation of pregnancy.

3. It is necessary that the operative procedure be simple, and such as adds no additional danger to that which already exists.

From these propositions we may deduce the following consequences:—That artificial labour will succeed best in those maladies aggravated chiefly by the mechanical changes in the uterus; whilst, on the other hand, the chances of success will be less when the operation is performed for an intercurrent disease. Further, those cases arising from, and depending upon, simply mechanical causes, will be more likely to be benefitted than those arising from sympathetic changes.

The first mechanical condition requiring the operation, is *excessive dilatation of the uterus by superabundance of liquor amnii*. In illustration, a case occurring in the practice of M. Duclos (see *Bulletin de la Faculté*, tom. vi. p. 222) is cited, where artificially-induced labour evidently saved the mother's life. Another interesting case is mentioned, where M. Stoltz had resolved to resort to the same plan under circumstances of the greatest urgency, but nature had completed the work before his arrival at the patient. The waters had flown off, and complete delivery restored the woman to comparative health.

The second set of cases sometimes demanding the operation, are those where, in addition to the pregnant uterus, *the abdomen contains a large tumour*. Thirdly, cases where, from *malconformation of the pelvis and trunk*, there is not sufficient space for the uterus to develop itself. We may remark, however, that in these last sets of cases, premature labour generally comes on spontaneously.

Fourthly, cases of *retroversion of the uterus*, in which it becomes impacted in the small pelvis.

Fifthly, those cases of *uterine hemorrhage*, where nothing but the evacuation of the ovum, and the contraction of the uterus, will stop the bleeding.

We now come to another series of cases demanding the operation; and firstly, we mention those nervous diseases which may demand it when they exist to an excessive and dangerous degree, as *chorea*, *convulsions*, &c. But M. Dubois inculcates extreme caution in such cases, as also in cases of *obstinate vomiting* during pregnancy. Two cases are mentioned in which *cholera* supervened upon pregnancy; in one labour was induced, in the other it came on spontaneously; both women recovered.

There is another series of cases sometimes demanding the operation; namely, where there exists chronic disease, very much aggravated by the mechanical distension of the uterus, as *diseases of the heart, of the aorta, asthma*, &c.

Again, it has been proposed to bring on labour in cases where the child has been previously found to *die at some regular time*, before the completion of the ninth month. But this ought to be done only when the infant is still alive and viable, and even then it should be resorted to with reserve, as there may be hope that the disease which caused the death of the child in a former pregnancy, may have now disappeared.—*L'Union Médicale*, November and October 1848.

62. *Cause of Hemorrhage in the latter Months of Pregnancy in Cases of Placenta Prævia.* By Dr. SCANZONI.—Ever since the time of Levret the occurrence of unavoidable hemorrhage during the three last months of pregnancy has been ascribed to the development and disappearance of the cervix uteri from above downwards—in other words, to the dilatation of the internal orifice of the neck of the womb. This theory Dr. Scanzoni considers far from being proved. He believes that, in advanced pregnancy, the external, and not the internal, orifice of the neck of the womb becomes dilated and expanded over the lower surface, as it were, of the womb itself, and that the internal orifice, composed of contractile tissue, remains undeveloped, and forming the single opening into the cavity of the organ. These remarks may be easily verified in the case of a primipara, or where the nabothian follicles are well developed. In such cases the lips of the lower orifice of the cervix uteri may be seen or felt at some distance from the os, and expanded around it in the form of a circle.

Further, Dr. Scanzoni remarks that, during the first six months of utero-gestation, it is the upper half of the womb which is chiefly or almost exclusively developed, in order to enclose the enlarging ovum; that it is during these same six months that the mass of the placenta becomes most rapidly increased in size, and, consequently, that when inserted, as is usually the case, upon the lateral walls of the uterine cavity, it grows consentaneously with these walls. But, on the other hand, during the three last months of pregnancy, the lower half of the uterus expands very rapidly. The uterus, which, up till the sixth month, was pyriform in shape, now becomes ovoid. And, if the placenta, having attained nearly its full development during the first six months, finds itself implanted over or near the cervix, which is developed during the last three months, then its vessels are liable to be put on the stretch and ruptured, by the disproportionate growth of that part of the uterus on which it is inserted, and hence the hemorrhagy.—*Monthly Retrospect*, Jan. 1849, from *L'Union Médicale*, Nov. 21, 1848.

63. *Cerebral and Meningeal Phlebitis in Puerperal Women.*—M. DUCREST, who has published an essay on the occurrence of cerebral and meningeal phlebitis in puerperal women, states that the disease is met with but rarely. When it is met with, however, it constitutes a very dangerous complication of the puerperal state. Encephalic phlebitis presents all the characters which belong to the anatomical lesions observed in the phlebitis of other organs, that is to say, it is adhesive or suppurative. In the first case, we find, in the calibre of the cerebral vessels, a firm clot adhering to the vascular parietes; in the second, pus is found in the veins and in the cerebral mass, either infiltrated, or in the form of abscesses; the extent, seat, and number, may vary. As the result of these lesions, or occurring at the same time, we may note other secondary alterations, such as meningitis, meningo-encephalitis, hemorrhage, and ramollissement. In all cases there were purulent collections elsewhere besides the brain, that is, in the uterus, lungs, &c. It is worthy of notice, that cerebral phlebitis principally attacks tuberculous subjects; M. Ducrest looks upon it as a secondary disease, a consecutive phlebitis.

The symptoms described by M. Ducrest are chiefly those which are indicative of cerebral mischief; they are not diagnostic of the disease in question. They are—more or less intense headache, delirium of a variable character and duration, preceded or followed in some cases by a sort of obtuseness or torpor of the intellect; convulsions, trembling of the muscles of the limbs and face; eclampsia, palsy, generally partial and incomplete; contraction, generally backwards, even to convulsions; numbness of the limbs; feeling of burning and weight in the eyes, irregular dilatation of the pupils, &c. These symptoms are neither constant nor diagnostic; nor are they certain data for the prognosis and treatment of the disease. M. Ducrest nevertheless concludes, that the occurrence of all or of the greater part of these symptoms indicates an organic affection of the brain, whatever it may be, which consequently ought to attract the attention of the practitioner; that it should be treated according to the strength of the patient, and the therapeutic rules which guide the treatment in acute diseases of the brain; and lastly, that, as there are stages in the progress of encephalic

phlebitis, a prompt and active treatment should be adopted in the early part of the disease, to prevent its passing into the suppurative stage.—*Journ. Psycholog., Med.* Jan. 1849, from *Archives Générales de Méd.*

CHOLERA.

64. *Chemical Examination of the Liquid Vomited during Cholera.* By ALFRED S. TAYLOR, F.R.S.—The specimen which was submitted to examination was delivered to me by Mr. Kite, medical superintendent of the Tooting Asylum for pauper children, with the following account of the case:—"The fluid was the matter vomited by a child, nine years of age, who was suddenly taken ill while at school, at 11 A.M., on the 3d of January. The first symptom was diarrhoea, followed by vomiting of the undigested food, the child having had breakfast between seven and eight o'clock—*i. e.* more than three hours before the first attack of vomiting; she had not complained of diarrhoea previously. The breakfast consisted of a mixture of gruel and arrow-root, with bread. After the first vomiting the extremities became cold, and the pulse weak and feeble. The vomiting and diarrhoea continued, the former the more constant, and collapse became complete. She complained of pain at the epigastrium, but there were no cramps; the tongue was furred, and the matter vomited assumed the appearance of rice-water; the dejections were likened by the nurses to soapy water. The fluid brought to you was thrown up very soon after the first vomiting, when the undigested food was rejected; it was in fact the production of the second vomiting, and immediately poured from the vessel into the bottle. The usual remedies were adopted—calomel, ammonia, opium, stimulants, and warmth externally, but without effect. The case proved fatal at 1 P.M. on the 5th of January, fifty hours from the appearance of the first symptoms."

The *liquid* was turbid, and when shaken appeared like dirty water. When left at repose, a sediment of a curdy-looking insoluble white substance subsided. There were no distinct traces of food, with the exception of a few husks resembling those of barley undigested. Iodine water gave no blue colour either with the sediment or the clear liquid. There was no indication of the presence of blood. The white deposit had the appearance of pus, and had none of the ropiness of mucus. The supernatant liquid had the colour of very pale or diluted serum. Its specific gravity was found to be 1.012. One hundred grains submitted to evaporation at a gentle heat on a sand bath, yielded 3.3 grains of solid extract, resembling a layer of brown varnish. This residue yielded by incineration 0.8 grs. of saline matter, almost entirely soluble in water. The only alkali detected in the aqueous solution of the ash, was soda. This solution had a slightly alkaline reaction (alkaline carbonate), and was abundantly precipitated by nitrate of silver, the precipitate being insoluble in nitric acid. A salt of baryta gave a very slight precipitate (sulphate of baryta). There was no trace of a soluble phosphate, nor could any insoluble phosphate (of lime) be detected in the residue. The ash, therefore, consisted of chloride of sodium, sulphate of soda, and carbonate of soda, the first-mentioned salt forming not less than three-fourths of the whole.

The clear serous liquid was without remarkable odour, and had a slightly acid reaction. It became very frothy by agitation. A portion was boiled, without any coagulum, or even turbidity, being produced. It remained equally unchanged on the addition of strong nitric acid, and no opacity was caused by ferrocyanide of potassium and acetic acid. Alcohol and pyrophosphoric acid produced in it no change. It was therefore obvious that the liquid contained no albumen. Acetic acid did not produce in it any change: casein and mucus, in a soluble or diffused form, were therefore absent. Muratic acid was added to it, and it was allowed to stand for a few hours, but there was no change indicative of the presence of the colouring principle of bile; and nitric acid did not indicate the presence of this secretion. A slip of white paper plunged into it and dried did not present any yellow tint. When a small quantity was boiled with pure caustic potash holding dissolved, oxide of lead, it became perceptibly

darker, indicating the presence of sulphur in the animal matter diffused through it. It was abundantly precipitated by nitrate of silver (owing to the chloride of sodium contained in it), slightly by the nitrate of baryta (sulphate), abundantly by the acetate of lead (from organic matter), the greater part being re-dissolved by a small quantity of nitric acid; and it was not affected by the addition of alum. Protonitrate of mercury produced in it a dense white precipitate, and there was no separation of oxide of mercury, such as is produced on adding this salt to albumen, serum, or gelatine: corrosive sublimate rendered it slightly opaque, but produced in it no precipitate. Tincture of galls threw down an abundant white precipitate which was not re-dissolved on boiling. When mixed with solution of caustic potash in the cold, and acetic acid was added to the mixture, no precipitate was produced. I have found that a precipitate has been uniformly produced on subjecting albuminous or serous liquids to this mode of testing. On adding sulphate of copper to the liquid, and subsequently caustic potash, the oxide was re-dissolved, forming a light blue solution; but after boiling, no deposit of red oxide of copper was procured.*

The constitution of this liquid was therefore—

Salts	{	Animal matter,	...	...	2.5
		Chloride of sodium in large proportion,	...	...	.8
		Sulphate of soda,	...	...
		Water, ...	...	...	96.7
					<hr/> 100.

The carbonate of soda was no doubt a product of the decomposition of the organic matter. The acidity of the liquid may have been due to the presence of some organic acid.

The *solid white deposit* was quite soluble in boiling caustic potash, and yielded, on the addition of oxide of lead, the usual evidence of the presence of sulphur. The potash-solution obtained by boiling the sediment in the caustic alkali, was rendered opaque on the addition of acetic acid: but no excess of the acid caused it to become again clear. The alkaline solution was also precipitated by diluted nitric acid, and the precipitate was not re-dissolved by an excess of the acid. The white sediment was soluble in boiling concentrated nitric acid, and the acid solution was precipitated by dilution with water. When drained of water and covered with strong acetic acid, it did not swell up—a property which is characteristic of fibrine, nor could it be obtained in a state of solution by the addition of distilled water, and exposing it to a boiling heat. When boiled with concentrated muriatic acid, it became dissolved, and formed a reddish purple solution, which gave a pinkish white deposit when diluted with water. In this property it resembled the action of muriatic acid on what Mulder has designated the compounds of protein. To another portion of the sediment, caustic potash was added, but it did not become gelatinous, or assume that appearance which is observed in pus when thus treated.

From the result of this analysis, it appears that albumen is not necessarily a constituent of the choleraic liquid, although there are many theories respecting treatment, based on the assumption that the blood forces out its serum through the intestinal mucous membrane. Not a trace of albumen existed in the specimen here examined; fibrine was also absent, as there was no spontaneously coagulable principle, and the sediment was insoluble in acetic acid. The animal substance dissolved in the clear liquid, differed from gelatine in the fact that it yielded sulphur, and had no tendency to gelatinize. The animal matter may have consisted of bile altered by disease, or of some morbid animal product poured out by the blood under the influence of the choleraic poison. The large quantity of chloride of sodium contained in it is consistent with the view generally entertained by pathologists, that, under an attack of cholera, this salt is abundantly excreted from the system,—not by the kidneys, (for the urine has been found deficient in chlorides,) but by the gastro-intestinal mucous membrane.

* The production of a blue solution under these circumstances is not an indication of the presence of sugar, unless the oxide of copper should be reduced by boiling.

The chemical nature of the evacuations of cholera patients has been examined by various pathologists. In the *Comptes Rendus* for 1847, M. Andral gives an account of the fecal evacuations. The most important fact which he observed, was the entire absence from these liquids of the serum and fibrine of which it was supposed they chiefly consisted. He could not discover in them any trace of albumen; and M. Favre also found, as the result of his analysis, that the organic substance contained in the choleraic liquid, possessed none of the properties of albumen. The observations of these pathologists are strikingly confirmed by the results of the analysis in this case. M. Andral was then induced to examine the blood, and he found that the proportion of albumen was almost unaltered. There was neither manifest increase nor diminution. Dr. Buchanan states, that in a certain stage of the disease, which he denominates the albuminous, he has found the evacuations in cholera to contain albumen. It would thus appear that their composition is liable to vary. It will be observed that the liquid examined in the present case was the product of the second vomiting in an early period of the attack, and more than three hours after food had been taken.

In the paper published by M. Andral, he speaks of the fecal evacuations in cholera having a highly alkaline reaction, like serum; but in this respect his opinion appears to have undergone some change. At a recent discussion in the Academy of Sciences, he states that he has almost constantly found the vomited matters to be *acid*, as well as the mucous membrane itself. The liquids discharged by vomiting and purging have hitherto been regarded as similar, and the more recently expressed opinion of Andral is in conformity with the fact observed in the present instance. M. Burguières states that the vomited matters in cholera were evidently acid, but he commonly found them mixed with portions of food partially digested. This gentleman also states, that after the patients had vomited three or four times, the acidity disappeared, and they became alkaline. The alkaline reaction especially existed when the vomited matters assumed the white and flocculent appearance characteristic of the evacuations of cholera. Dr. Heller found that the matters vomited during the progress of the disease were very watery, and of a greenish or yellowish green colour. They also had a slightly acid or neutral reaction; and from his examination he considered bile to be the principal ingredient. This pathologist observed that the chlorides were almost entirely absent from the urine.

The nature of the white sedimentary matter appears to be very obscure. It did not in this instance present the physical and chemical characters of coagulated albumen, fibrine, mucus, or pus. It bore a strong resemblance to the last mentioned morbid compound, with the exception that it behaved differently when treated with potash: besides, the deposit was mixed with a quantity of white curdy matter altogether unlike pus in its appearance and chemical properties. M. Andral, who has also carefully examined this peculiar deposit, states that it does not consist of fibrine: under the microscope he could not trace any filamentous structure. He found it to be composed of numerous nucleated and nucleolated cells, closely resembling pus-globules. Besides these globules, which were very abundant, the masses contained numerous particles of epithelium.

One fact appears clear from these researches, that the cholera liquid is not to be regarded as a mere excretion of the watery parts of the blood mixed with fibrine. At the commencement of the attack, the vomited matters are acid, and mixed with a morbid product analogous to pus, but differing in properties from all the organic compounds hitherto found in the living healthy body.—*Lond. Med. Gaz.*, Feb. 2, 1849.

65. *Microscopic examinations of the Mucous Membrane of the Stomach and Bowels in Cholera.*—Dr. LUDVIC BOEHM, who has received the appointment of successor to Dieffenbach in the surgical klinik at Berlin, devoted considerable attention to the microscopical anatomy of cholera, when raging in Germany; and since the subject must necessarily be of the greatest interest, and the present not an inappropriate period to introduce it, I will endeavour, as briefly as possible, to give a *précis* of the seven chapters in which he has described the

results of his examination of more than one hundred bodies of patients who had died of that disease.

CHAP. I. *On the Loss of Intestinal Epithelium by Excessive Desquamation.*—The author shows that the chief pathological alterations of the mucous membrane in cholera consist in a desquamation of the epithelium, by which it is often altogether thrown off. This process he accurately examined. Although its seat is the whole mucous lining of the intestines, it is most clearly seen, and the vessels, too, are more injected, in the lower portion of the ileum, and there Dr. Boehm concludes that it commences; the stomach and other portions of the bowels are less affected. The generally isolated spots in which the process of desquamation has commenced, are characterized by a whitish colour, and a soft velvet-like appearance of the surface, as if the villi were much more raised and developed than natural; and such a villus, brought under the microscope, shows its epithelium much thickened and divided by concentric lines, marking the beginning of the process by which it is reduced into its elementary parts, or cylindrical cells, which soon become detached and altogether thrown off. In this state a villus appears denuded of part of its epithelium, and that which remains, as consisting only of a few simple cells. Ultimately, the denuded portion appears covered with small white depressions, the points by which the cells of the epithelium had been attached to it, and it may not unaptly be compared to the top of a thimble. Another mode by which desquamation takes place, is somewhat similar to the formation of bullæ on the cutis, the epithelium becoming loosened from the villus, and thrown off entire from it, as in a common blister, and the sheaths of the villi falling off as little sacs. In one or other of these modes, the mucous membrane is denuded of its epithelium, leaving an abraded surface. Large portions of epithelium are often thrown off, and these exhibit on one surface the casts or rather moulds of the cylindrical and elevated villi, and on the other their corresponding foramina. The denuded villi become reduced in circumference, more flaccid, and subjected to a complete process of maceration. Their former rounded apices become cleft and brush-like, and in this way they are soon destroyed. The cryptæ mucosæ or glandulæ Lieberkuhnianæ being destroyed, the abraded mucous membrane becomes fissured, and then extravasation of blood takes place. The desquamation of the epithelium can take place in a very short time. Boehm asserts that he has seen that process terminated, and deeper destruction of the mucous membrane commenced, in the bodies of patients who, six hours previous to death, had been in health.

CHAP. II. *Microscopical Observations on the Contents of the Stomach and Intestines.*—The contents of the stomach and bowels, being poured into a convenient glass vessel, soon separate into a semi-transparent fluid, and an opaque whitish-yellow sediment. This upper semi-transparent fluid, Dr. Boehm thinks, is the real pathological secretion. The lower sediment is shown by the microscope to consist of an immense number of epithelium-cells. The more violent the disease has been, the clearer is the upper fluid, the whiter the sediment, and the more perfect the cells. When the disease has been lingering, the contrary is the case. The appearance of the contents of the stomach and bowels is much modified, according to the quantity of epithelium it contains, and the integrity or the disintegration of its cells; thus it is milky, purulent, creamy, gruel-like, or mucous. In the colon, the epithelium is generally so much destroyed that its cells cannot be distinguished. The flocculi which have been described by others, consist merely of larger and more perfect portions of epithelium.

(a) *Biliary Contents.*—The functions of different glands, as the kidneys, the salivary glands, those of the eye and liver, &c., are discontinued during an attack of cholera; therefore, and sometimes for days, no secretion of urine takes place, the mouth and eyes are dry, and the biliary ducts are found to be empty and collapsed. When the gall-bladder is found full, its contents are to be referred to the previous period of health. A desquamation of the epithelium takes place in the biliary ducts, in the same manner as in the intestines. According to Boehm, the yellowish tinge of the contents of the stomach and intestines must not be attributed to fluid bile, but to epithelium-cells tinged with its colouring matter, and the fluids so coloured, do not become putrid as soon

as those that are not so coloured. In one-third of the cases examined, and remarkable for the acute and rapid progress of the disease, no bile was found in the intestines; in another third, the patients had died at a period when the bile was generally effused; and, finally, in very protracted cases, a superabundance of bile was found. Cholera patients very rarely vomit green and bitter fluids. In the vomited matters, a sediment is generally found, of a dark, nearly black, and mud-like character; and in dissection, similar masses strongly adherent are found, as flocculi and streaks between the prominent wrinkles of the mucous membrane of the stomach. Treated with nitric acid, these become of a reddish-brown colour, and caustic potash dissolves them into a green fluid. Dr. Boehm thinks them an altered condition of the bilious pigment.

(b) *Bloody Contents*.—Intestinal hemorrhage, although rarely profuse, is always a fatal symptom. In this blood, few corpuscles are found, and those always altered in form; according to its extent, the contents of the stomach and bowels are either reddish, chocolate-colour, or red brown. The feces are very offensive; and, when examined, the mucous membrane is found ecchymosed and marbled with red lines and spots.

In this chapter, Boehm also describes the feces of cholera patients, which sometimes in the first stage have a slight bilious tinge, but more generally consist of the well-known rice-water description, abounding in flocculi, or portions of thrown-off epithelium, which sometimes include minute rhomboidal crystals.

CHAP. III. *The Flocculi found in the Urine of Cholera Patients*.—With the commencement of convalescence, the secretion of urine is restored. It has a sediment of white and loose flocculi, and investigation has shown these to consist of epithelium thrown off from the mucous membrane of the uropoietic organs. A thick whitish fluid, consisting chiefly of epithelium-cells, is found in the renal pelvis; and desquamation, as in the intestines, in the canaliculi renalis, ureters, and bladder.

CHAP. IV. *Oily Fluid found in the Intestinal Villi of Cholera Patients*.—Dr. Boehm's inquiries on this subject show him to be a most accurate and indefatigable observer; but, as it is already known, I need not dwell long upon it. It is remarkable, however, that the villi filled with oil, and seen with the naked eye, give the intestine an appearance as if it were sprinkled over with many yellow transparent globules.

CHAP. V. *A Vegetation similar to the Saccharomycis Cerevisia found among the Contents of the Intestines of Cholera Patients*.—Dr. Boehm has found in the contents of the intestines microscopical, colourless corpuscles, of a regular and mostly oval form, connected into longer or shorter chains, giving off lateral branches, and resembling a ramificated figure. In the stomach, they are developed into far-spreading, tree-like ramifications, generally enveloped in mucus. He found a large number in the small intestines, fewer in the colon, although in some cases, only there. They were also in the feces and vomited matters.

CHAP. VI. *The Cryptæ Mucosæ in Cholera*.—The apertures of the glandulæ Lieberkuhnianæ, or mucous crypts, seen in the healthy subject as black points, are in cholera filled by white corpuscles, sometimes so prominent that they can be removed by a needle, in the form of long stopper-like coagula. When these are taken out, the apertures of the cryptæ are as round and unchanged as in the healthy subject; sometimes they are a little larger, and when so altered in a high degree, the mucous membrane is seen covered with white spots or punctures, in consequence of the desquamation of the epithelium of the cryptæ. The progress of this desquamation is very peculiar and interesting. It appears that after desquamation of the epithelium in the crypta, new epithelium is formed at its base, which in its turn is again loosened and protruded. Thus a crypta very soon resembles a villus, from the cylinder of epithelium which is protruded from its aperture, and the number of villi seem to be considerably increased.

CHAP. VII. *The Changes in the Glandulæ Solitariae and Peyerianæ in Cholera*.—As in severe diarrhoea so in cholera, the capsules of the glandulæ Peyerianæ are softened, and their tops or apices ulcerated, so that their contents are evacuated, and the capsules, as so many open mouths, or fossæ; they also lose their granular, and assume a reticular, appearance; besides which they become elevated or protruded by exudation taking place in the subjacent cellular tissue. Real ulceration is not found in these glands. A third alteration of

form consists in their surface becoming much wrinkled, but this generally in young subjects only. The glandulæ solitariae are also more distinctly seen in cholera, in consequence of their capsules being more distended, and the exudation occurring in the subjacent cellular tissue.—*Med. Times*, June 24, 1848.

66. *Terchloride of Carbon as a remedy for Cholera*.—Dr. JONES LAMPREY, in an article in the *Medical Times*, (Jan. 6, 1849,) states that the terchloride of carbon was originally used as a remedy in the treatment of cholera, by an English physician practising at Calcutta, and was lately tried at St. Petersburg by the Russian physicians, on whose recommendation it was introduced into Berlin by Professor Threshell.

Chloride of carbon Ch 4. C 4. was originally discovered by Mr. Faraday in the year 1821, who produced it by bringing olefiant gas in contact with chlorine, and exposing the whole to the influence of light; when chlorine is brought in contact with olefiant gas, which is a compound of 4 equivalents of carbon, and 4 of hydrogen, the latter is abstracted and replaced by the same amount of carbon; hence, the different chlorides of carbon, all which, with the exception of the perchloride and subchloride, are colourless, volatile, ethereal liquids, having a pungent and sweetish taste, and, when given internally, they are found to act instantaneously as powerful diffusible stimulants to the nervous and circulating organs, at the same time allaying pain and spasm similar to chloroform; it is, also, somewhat diaphoretic.* Nor had it any direct chemical action on the blood, as it was originally supposed by those whose theory was, that the phenomena of cholera were owing to a septic condition of that fluid. That chlorine and carbon being found to act as powerful antiseptics, the compound (terchloride of carbon) also possessing this property, and being of an ethereal nature, and readily diffusible, would, when administered, serve to counteract this putrefying tendency, and cure the disease. On the other hand, practical experience shows, that all its virtues depend upon its stimulating and antispasmodic properties, and further examination proves, that it could have no beneficial effect were it purely a direct chemical antidote, as the blood in cases of cholera, though found to be unoxidized, abounding in carbon, black, in a disorganized condition, and closely resembling, is yet deficient in many of the characteristics of putrefied blood; these appearances being solely attributable to defective pulmonary circulation.

The medical properties that have been enumerated above, make it highly valuable as a remedy in the treatment of certain stages of cholera, though comparatively useless when applied without the assistance of other remedial agents, as when cholera patients were brought into hospital, they were always found in a state of great collapse, resembling asphyxia, and in order to restore animation, as it were, it was necessary to have recourse to the most powerful stimulants; of these, cold affusion, which you have already drawn attention to in your review of my "Remarks and Observations on the Cholera at Berlin," was found to be the most efficacious, and was accordingly applied to every case; but its effects being transitory, it required frequent repetition, and, under such circumstances, the discovery of some remedy that would keep up or increase the stimulus given by the cold affusion would be of the utmost importance; for this purpose, the terchloride was found to answer in a great number of cases, but, unfortunately, not so in all, and was administered in the following way:—After the vital powers of the patient had been stimulated by the cold affusion, a dose of five drops of the terchloride was given, which had the immediate effect of increasing the stimulus,—giving the pulse greater volume, raising the temperature of the body, and restoring the natural colour and elasticity of the integuments. The dose was repeated every hour, and in extreme cases every half hour.

This treatment was chiefly applied to the worst cases, and frequently attended with astonishing success; but, unfortunately, though many bad and hopeless cases recovered, it did not prove uniformly successful, (not more than half the

* It is also found useful in correcting the fetor of foul ulcers, from the antiseptic properties of its constituents.—See Mr. Tuson's Letter to the *Medical Times*, December 2d, 1848.

number of cases so treated having recovered,) nor did it prevent the occurrence of the usual fatal complications.

At first its action was thought to have been specific, but, like all other remedies recommended as such for this disease, it was found equally valueless when applied without the assistance of other remedial agents; it was also found to be quite inert without the previous application of the cold affusion, as a case that was treated with warm applications, frictions with warm flannels, extensive application of sinapisms, with other stimuli, and in which the terchloride of carbon was given, in addition to the above, terminated fatally.

67. *Quinine in Cholera*.—Dr. LITTLE says, (*London Med. Gaz.*, Dec. 15th, 1848,) from all he has witnessed of malignant cholera, he is impressed with the belief that, it is more nearly allied to febris than to any other nosological class, and, consequently, he considers, that quinine administered before the super-vention of decided collapse in the large doses required to arrest malignant intermittents, say in doses of half a drachm and upwards, deserves a trial.

68. *Blood-Letting in Cholera*.—Dr. WILLIAM ROBERTSON, Physician to the Edinburgh Cholera Hospital, states (*Monthly Journ. Med. Sci.*, Jan. 1849)—“Of the practice of *blood-letting*, in the early stage of the disease, I have now had considerable experience, and am confirmed in my opinion of its efficacy in preventing or modifying the more formidable symptoms of the disease. Of 33 patients bled at the arm, 2 were not treated for cholera, but laboured under pneumonia and died; a third was bled to a trifling amount (3j) during the stage of reaction, and recovered. Of 30 who were bled to amounts varying from 3xii to 3xxx, 7 were males, 23 females; of the latter, 2, now convalescent, *had not cholera*. The result of the treatment applied to 28 cholera cases has been as follows—of 7 males bled, 2 have died; of 21 females, 4; 5 are still under treatment, but are believed to be convalescent. Of these 28 cases, it is quite possible that 3 or 4 may not have been real cases of cholera. The diagnosis of the disease in its early stage is far from certain; but had these patients not seemed to other practitioners as well as myself to be labouring under the epidemic pestilence, they would neither in the first instance, have been sent into hospital, nor after admission been subjected to the remedy.

“The most marked effect of venesection seems to be the prevention or mitigation of the stage of collapse. Of the 28 patients bled, 12 had no distinct collapse; and of 16 who had algide symptoms, 10 recovered or are now doing well. The remedy is, I think, most efficacious when cramps and oppression at the chest are prominent symptoms; at least the immediate relief to the patient has, in such circumstances, been most remarkable; and when the venesection has been followed by the administration of opium in full doses, the progress of the disease has sometimes been apparently arrested.”

69. *Injection of Saline Solution into the Veins in Cholera*.—Dr. ROBERTSON reports unfavourably of this remedy. He says, (*Monthly Journ. Med. Sci.*, Jan. 1849,) “the injection of a saline solution into the veins has been resorted to in eighteen cases. In several of these there was no appreciable effect from the operation, and the patients died in the state of collapse. In others, the immediate improvement was most astonishing; patients who seemed pulseless and at the last gasp, were in a few minutes so far revived, that convalescence was looked forward to with some confidence. Hopes thus inspired were, however, uniformly disappointed; not a single patient survived the operation for more than nine hours. Instead of the brass syringe (the use of which is attended with considerable trouble and danger), I have of late substituted a column of fluid in a glass tube as the means of injecting the veins. The apparatus is constructed on the plan of the mercurial tube used by anatomists in injecting the lymphatics, and is extremely simple, consisting of a wide tube of thirty inches in height, open above to receive the fluid, and terminating below in a short caoutchouc tube, which is adapted by means of a tinued nozzle and stopcock to the vein-tube. The injecting force may be reduced by holding the glass tube in an inclined position. This apparatus has answered well, *mechanically* speaking, but the death of eighteen patients in succession has induced me

finally to abandon the practice of injecting fluids into the veins, and I shall not resume it till I find that some other practitioner has met with more encouraging results."

70. *Conclusion respecting the Mode of Propagation of Cholera in Russia, in 1847-48.*—Dr. FRETTENBACHER, of Moscow, in an elaborate statistical report of the progress and ravages of cholera throughout the Russian Empire, during the last two years, gives the following general conclusions as the result of his observations on the subject of its propagation:—

1. Intermittent fevers had prevailed throughout the whole extent of the Empire, previously to the appearance of the cholera. In 1846, they had assumed in many places an epidemic character. In 1847, when the cholera appeared these fevers ceased, and they reappeared as the cholera declined.

2. The cholera was preceded, almost invariably, by disorders of the digestive organs and intestinal canal. These derangements increased with the appearance of cholera, and decreased in severity as it disappeared. They prevailed throughout the whole extent of Russia in Europe, even where cholera was not present.

3. The cholera followed the course of large rivers and the chief lines of human intercourse. Prevailing winds had no influence on its progress.

4. When the cholera appeared in places out of its principal route, it was generally found to have manifested itself shortly after the arrival of persons from districts where the disease was prevailing.

5. In localities where the cholera was thus conveyed by individuals, it did not always spread as an epidemic, but those only who came in contact with the affected had the disease, and if it did spread epidemically under these circumstances, its progress was very slow.

6. In many places the cholera appeared in an epidemic form, without any communication with infected districts, under the influence of general causes, of which we have as yet no satisfactory explanation.

7. The cholera propagated itself especially in low situations, in unhealthy and confined dwellings, where the inhabitants were previously debilitated by disease, intemperance, and other depressing causes.

8. Some localities which, from accidental circumstances, were carefully isolated, such as large establishments, and even entire villages, completely escaped the visitation.

The preceding facts prove that this disease, originally epidemic, may become energetically contagious, or, in other words, communicable from man to man.—*Gazette Médicale*, Jan. 13, 1849, and *Medical Gazette*, Feb. 2d.

ANÆSTHETIC AGENTS.

71. *Action of Chloroform.*—The very animated and somewhat harsh discussion on M. MALGAIGNE's report on chloroform, in the Academy of Medicine of Paris, which this gentleman presented some time ago in the name of a numerous commission, has at length been brought to a close. We subjoin the conclusions as adopted by the Academy:—1. In the medico-legal fact which has been communicated to us, we find none of the indications of the poisonous effects of chloroform; we therefore propose that the Academy do answer the inquiries of the minister by stating that in the Boulogne case the patient did not die by the effects of chloroform. 2. That there are a great many examples of such sudden deaths, either occasioned by an operation, or independently of the surgeon's interference, and, above all, quite unconnected with chloroform inhalations, when the most careful investigations have failed in finding the cause of death. 3. But that in the present case the most probable explanation seems to be, the admission of a considerable amount of air into the blood. The conclusions of the second part of the report bear on the general question of chloroform; they are as follows:—1. Chloroform is one of the most energetic agents; it may be looked upon as coming very near the class of poisons, and should not be used by inexperienced hands. 2. Chloroform is apt, both by its smell and contact,

to irritate the respiratory organs, which circumstance calls for much reserve where affections of the heart or lungs are known to exist. 3. Chloroform possesses a toxic action peculiar to itself, which has been taken advantage of in medicine by arresting it at the period of insensibility, which action, however, may, by being too much prolonged, cause immediate death. 4. Certain methods of administering chloroform add to the danger; thus there is a risk of asphyxia either when the vapour is not sufficiently diluted with atmospheric air, or when respiration is not free. 5. All these dangers can be avoided by attending to the following precautions:—1st. To refrain altogether from using chloroform, or else arresting its action, in all cases where counter-indications are well ascertained; 2dly, to take care, that during the inhalations atmospheric air may be sufficiently mixed with the vapours of chloroform, and that respiration may be carried on freely; 3dly, to suspend the inhalation as soon as insensibility is obtained, though it may be resumed if feeling should return before the operation is over. 6. It is advisable not to administer chloroform after meals.—*Lancet*, 2d Feb. 1849.

72. *Deaths from Chloroform*.—In our original department, p. 379, will be found an extremely interesting paper, by our esteemed collaborator, Professor WARREN of Boston, on the use of chloroform, in which he has given a summary of the cases of death following the use of chloroform made public up to the time of that paper being put to press. We have now to add to this long list, three cases since reported.

CASE I.—The first case we shall notice, took place at Westminster, on Saturday, February 17th. An inquest on the body was held on Tuesday, February 20th, before Mr. Bedford, the coroner for Westminster. The deceased, aged thirty-six, who was a mason's labourer, had been for nearly five weeks a patient of the Western Dispensary, on account of a severe injury to the great toe, which had been crushed by a wheel passing over it. For some time the injured member appeared to go on favourably, but became worse at the close of last week, and on application at the dispensary, Mr. W. Brown—dresser to the surgeon, Mr. Nunn—visited the patient, and found gangrene to have occurred, and in examination he removed some fragments of the broken phalanx of the toe. That gentleman then gave it as his opinion, that amputation of the toe should be performed, and appointed to call the next day for its performance. On Saturday afternoon the man was accordingly seen, and expressed his desire to inhale chloroform. Half an ounce, which was at hand, was administered by being sprinkled on a handkerchief, and held over the mouth and nose, care having been first taken to ascertain the non-existence of thoracic or other disease, which might be deemed to contra-indicate the use of the chloroform. This quantity of the agent failed, however, to produce anæsthesia, having caused only the ordinary excitement and struggling. A person was, therefore, dispatched to procure some more, which he eventually did, from Mr. Hooper's, Pall-mall. During his absence, which was for more than two hours, the patient entirely recovered from all effects of the chloroform, having, it is to be remarked, never lost his sensibility, and was occupied in conversation, &c. On the arrival of the fresh supply, half an ounce was again poured on a handkerchief, and applied to the mouth and nostrils, care being taken to allow the entrance of air at short intervals. After a period of excitement lasting two or three minutes, insensibility was induced, and the breathing, at first rather hurried, became now slower and rather stertorous; the eyelids quivered on the approach of an object to the eye; the pupil became somewhat dilated; the pulse was at about 70, moderately strong. As soon as anæsthesia was produced, the operation was proceeded with, and occupied not more than two minutes. At the close of the amputation no blood escaped, when pressure was removed from the arteries. In the meantime the breathing became slower and less full, and a pallor, with coldness, diffused itself over the body, and showed itself in the lips, &c. The pulse receded in strength and frequency, and very shortly ceased at the wrist. The features assumed a ghastly expression, and everything betokened impending dissolution. A few respirations were noticed after the pulse had ceased at the wrist, but in about ten minutes from the time of inhalation, respiration altogether ceased, and the chin presently dropped.

On the first appearance of these alarming symptoms, air was freely admitted into the room by the windows and door, some brandy poured down the man's throat, cold water dashed on him, and bottles of hot water applied. Artificial respiration was almost immediately resorted to, and kept up upwards of an hour, but all attempts at restoration were fruitless. Between three and four hours after death, the rigor mortis came on, but appears to have lasted no considerable time.

On the following Monday afternoon, by the coroner's warrant, a post-mortem examination was made by Mr. Nunn, Dr. Arlidge, Mr. W. Brown, and others. The body was that of a large, strongly-built man, in appearance much older than thirty-six. The rigor mortis had passed away; no smell of chloroform could be perceived, or any odour but that arising from commencing decomposition. The surface was generally pale. No mucus had issued from the mouth or nose. On cutting through the abdominal walls, which were very muscular, the intestines were found much distended with flatus; the superficial small ones congested, and clearly showing the ramifications of their vessels in their coats, whilst the congestion of the deeper-seated portions was still more marked, and of the colour of port wine. The stomach was empty, the deceased having partaken only of a breakfast of bread and milk on the day of his death. No sickness had occurred from the effects of the chloroform. The veins of the stomach were much distended with blood, and this distention was the more marked on its inner surface; the latter of a reddish-gray colour, the red portions being in the lines of the congested vessels. The liver was of large size, firm, but yet rather easily broken by pressure, and of a leaden hue, as if filled with venous blood; the gall-bladder contained very little bile; the structure of the kidneys was healthy, but of a dark venous colour from congestion; the spleen very dark, congested, and friable; the bladder contained very little urine. On examining the chest, the lungs were found of large size, not collapsed, of a dark venous hue throughout, and full of blood, a large quantity of blood escaping from them when cut into; they were, however, everywhere crepitant, and free from disease, save a few carbonaceous spots, and from morbid adhesions. On opening up the bronchi and trachea, the mucous membrane presented a very congested appearance, being of the colour of dark port wine; this depth of colour was the more remarkable in the smaller divisions of the bronchi. The bronchi also contained a small quantity of frothy mucus, slightly tinged with blood. The thyroid bodies were very large, and full of blood. No blood was effused into the cavity of the thorax. The heart was rather large, but flabby, and its walls collapsed: on opening it, the walls of the ventricles were found to be thin in proportion to their size; the auricles were empty; the right ventricle contained about an ounce of semi-fluid blood; and about an equal quantity of similar and venous-coloured blood was found in the left ventricle, but without the trace of a fibrinous clot. The lining membrane of the heart was dark-coloured, from congestion. All the valves were healthy and entire. Some small patches of atheromatous deposit, in an early stage, were present at the commencement of the aorta, and of the great vessels issuing from it. On cutting through the calvarium, not more than half an ounce of venous blood escaped, and on removing the skull-cap, not more than an ounce and a half. The sinuses and veins opening into them contained blood, but not to any remarkable amount, being but moderately full. The vessels of the pia mater were somewhat congested; the cerebral convolutions small; the gray matter not in any way deepened in colour. The same *partial* fullness of the vessels of the meninges was met with in the cerebellum and medulla oblongata, but no other morbid appearance. But few bloody points occurred on cutting into the cerebral mass.

In the course of the inquest the widow of the deceased, and the landlord of the house, who witnessed the operation, and assisted in the attempts at restoration, were examined; as also Mr. W. Brown, who performed the operation, and Dr. Arlidge, who attended at the post-mortem examination. The evidence went to show that chloroform was the cause of death; that it was administered with caution; and that every attempt had been made to ward off the fatal termination. The jury, after a short consultation, returned the verdict—"That the deceased, Samuel Bennett, died of chloroform, properly administered."

It may be remarked, that the deceased had a severe fall of fifty feet, as stated

by his relatives, about three years since, and was a patient at Westminster Hospital for a wound in the head, attended with delirium, and afterwards erysipelas; but since recovery had usually enjoyed very good health, and been free from any cerebral symptoms, or other disorder.—*Lancet*, Feb. 24, 1849.

CASE II.—Dr. BARRIER, surgeon to the Hôtel Dieu, of Lyons, in a letter to *L'Union Médicale*, gives the details of a fatal case from the inhalation of chloroform. The subject was a boy, seventeen years of age, employed in a mining district, and admitted into the hospital for caries and necrosis of the middle finger of the right hand. The removal of the finger was resolved upon, and as the boy seemed to enjoy pretty good health, no counter-indication to the use of chloroform was discernible. A very thin compress was placed on the face, and the anæsthetic liquid gradually dropped on it. In four or five minutes, the patient was still speaking, and conscious of pain; a minute afterwards, he spoke again, and showed a little agitation. By this time, from one drachm and a half to two drachms of chloroform had been poured on the lint, and it is to be supposed that a great deal of it went off by evaporation. The pulse had all the while been perfectly normal. All at once, the patient rose suddenly, and threw about his limbs, but he was soon brought down again by the assistants. This excitement did not altogether last more than a quarter of a minute, when it was found that the artery at the wrist had ceased beating. The cloth was immediately taken off from the face, which looked very haggard. The heart ceased to beat, and no pulse could be detected; respiration, was, however, still carried on, but soon became weak, slow, and ceased completely in about half a minute. On the employment of very energetic restorative means, the breathing began again, with a certain amount of vigour; the pulse, however, could not be felt. The frictions were continued with renewed vigour, but the respiration soon ceased again, and half an hour's constant exertions remained utterly useless. The inspection of the body, from peculiar circumstances, was not made until seventy-two hours after death. The stomach contained about eleven drachms of a thick fluid, presenting a purple colour: this organ, as well as the rest of the alimentary canal, was distended with gas. The heart, of the usual size, much compressed and fallen in, contained neither air nor blood. The parietes of the organ presented only a little red froth, as if the blood had been much agitated by the *carneæ columnæ*. The *venæ cavæ* and the *venæ portæ* were filled with black and fluid blood. On the Eustachian valve there was a fibrinous clot weighing about one drachm; this was the only clot which was found in the heart or great vessels, and these organs were opened with such care, that it remains quite certain that no appreciable quantity of air was contained in them. The lungs were very much collapsed when the thorax was opened; they are of a very deep slaty colour, and the same colour is presented on a section being made: the texture of these organs is, however, healthy. The larynx and trachea presented no lesion, and the brain was perfectly normal; the sinuses containing rather a large quantity of non-coagulated black blood.—*Id.*

CASE III.—The *Glasgow Herald* states that recently a young gentleman returned from Australia to visit his relatives in the neighbourhood of Govan, but before leaving the colony he met with a slight accident in the foot, which being, perhaps, neglected during the passage home, caused the great toe-nail to grow into the flesh. To remove the pain and inconvenience, the gentleman resolved to submit to an operation, which a respectable surgeon in Govan was employed to perform on Tuesday last. Preparatory to doing so, the surgeon resolved to make use of chloroform; but the patient, after inhaling the gas, almost instantly expired. An investigation of the affair is in progress.—*Lond. Med. Gaz.*, Jan. 1849.

73. *Chloride of Olefant Gas as an Anæsthetic.*—Mr. NUNNELEY, of Leeds, proposes the chloride of olefant gas, (Dutch liquid, chloride of acetylene,) as possessing all the good qualities of chloroform, and as being the least irritating of any anæsthetic agent which he has tried. He says that he has tried it upon many dogs and rats, young and old, in large and small doses; in no one instance has he seen any irritation caused by it, nor any repugnance to its inhalation. The animal quickly and pleasantly passes into a profound state of insensibility, and remains so. He states, that a more death-like condition is

recovered from than after chloroform, and in every instance the animals have quickly rallied and remained well, except in one where he intentionally destroyed it to observe the *post-mortem* appearances. Having ascertained the effects upon animals, he inhaled it himself, and found the action not only not disagreeable, but perfectly agreeable in every respect. His assistant, Mr. Beaumont, has taken it once, and his pupil, Mr. Morham, has taken it twice, on two successive evenings; both were rendered as insensible as is either necessary or safe for the performance of any operation whatever, or by whatever agent induced. In neither was there the least irritation; in fact both begged for more before becoming insensible, and when rallying from this condition, and both were immediately well. The latter of the two, who has three times inhaled chloroform, declares the effect of the Dutch oil, both at the time of inhaling and subsequently, to be far more pleasant than that of chloroform. He gave the Dutch oil to four gentlemen: in all it answered admirably, all had previously taken chloroform, and they were unanimous in declaring the oil to be more effectual, pleasant, and speedy, with less uncomfortable feelings afterwards.—*Prov. Med. and Surg. Journ.*, March 7.

Last year, Prof. SIMPSON experimented with this same article, and was the first, we believe, to use it as an anæsthetic, but he was not satisfied with its effects.

74. *Naphtha as an Anæsthetic*.—Prof. SIMPSON has been latterly experimenting upon light coal tar naphtha as an anæsthetic. It is as powerful as chloroform, but not so pleasant to inhale, and its only advantage is its cheapness. Prof. Simpson believes that the active anæsthetic constituent is benzole.

75. *Anæsthesia from the local Application of Chloroform*.—Mr. HIGGINSON communicated to the Liverpool Medical and Pathological Society, the case of a lady, aged 25 years, in labour with her first child: the perineum had long been on the stretch by the head, which was tumefied by the pressure: the pain was great with each uterine contraction, but was referred entirely to the perineum, no pain being apparently felt from the uterine contraction itself.

About half a drachm of chloroform was poured upon a handkerchief in the ordinary manner, but instead of being applied to the mouth, it was held in almost immediate contact with the perineum. The pain immediately ceased, though the uterine contractions continued in full force; and the first intimation the patient had of the progress of the labour, was hearing the child cry. Her mind was not at all affected, nor was intellectual consciousness in any degree diminished.

He had observed the same thing, though in a less degree, when the chloroform had been applied to the sacrum in another case.

He had also applied this agent to the os uteri of a patient suffering from very severe dysmenorrhœa, by means of a sponge placed in a curved glass speculum, which was introduced into the vagina. The pain almost immediately abated, and on its return, after some hours, the patient re-applied it herself with similar benefit.

Dr. WATSON mentioned some cases confirmatory of its good effects when locally applied. He had painted it over a swelled testicle, with speedy relief to the pain, and had applied it along the course of the spine with a similar result in a case of acute spinal tenderness, which had not been relieved by other treatment. He had also applied it to the surface of a large mammary abscess prior to opening it, which was afterwards done without suffering to the patient; and also to the vulva of a woman before cauterizing the orifice of the urethra. It had relieved the cramp and collapse in a case of English cholera, when laid upon the epigastrium, and had abated the pain almost immediately when painted round the edge of a surface to which potassa fusa had been applied for the purpose of forming an issue.—*Lond. Med. Gaz.*, Jan. 1849.

76. *Chloroform in Midwifery*.—The Westminster Medical Society has been occupied during its last three sittings with a discussion on the above important subject. Unusual interest was excited by the occasion, the Society's rooms being nightly crowded with fellows and visitors.

Dr. SNOW, in opening the subject, said that the chief objections that had been made to the use of anæsthetics in midwifery were of an *à priori* kind, but that the question ought to be decided by the result of experience. Some objections had arisen from the supposed necessity of inducing a deep state of insensibility, and he was of opinion that if it were requisite to cause the same amount of insensibility in midwifery, as is required in operations in which the knife is used, that would be a valid objection, as he considered that this state could not be continued for two or three hours without injury to the patient. But this amount of insensibility was not required in obstetric practice, unless to arrest or diminish strong uterine action for a few minutes to facilitate turning the child. The suffering attendant on labour might often be greatly relieved, or even altogether removed, without suspending the consciousness of the patient. Towards the conclusion of labour, it was usually necessary to carry the effect of the vapour a little farther, but even then it should not exceed the second degree, or that condition of the patient in which the mental functions are not altogether suspended, but in which there is a dreaming or wandering state of the mind, the patient, nevertheless, usually remaining silent if not spoken to. In labours unassisted by manual or instrumental aid, the auxiliary action of the respiratory and even the voluntary muscles, continued without interruption when the chloroform was well managed. He considered that a medical attendant acquainted with the action of chloroform, and the mode of applying it, might administer it with propriety in all cases in which the pain was either severe or protracted, whether they fell within the division called natural labours or not. Dr. Snow related two cases in illustration of the beneficial effects of chloroform. He used an apparatus in administering it, and gave a little at the beginning of each pain. He disapproved of Dr. Simpson's plan of giving chloroform on a handkerchief, and more particularly of his practice of putting three or four drachms on the handkerchief to begin with. To show the danger of this practice, he alluded to the fatal cases published, and read some notes, furnished to him by Mr. Henry Smith, of a case in which the patient very nearly lost her life from chloroform given in this manner preparatory to an operation. Chloroform was of great service in removing rigidity of the os uteri and of the perinæum, and it had relieved puerperal convulsions in two cases on record. He concluded by remarking, that as all medical men were actuated in their views only by a desire for the well-being of their patients, the difference of opinion in the profession concerning the employment of chloroform in midwifery, ought not to be attended with any acrimonious feelings.

Mr. GREENHALGH related two cases in which he had given the chloroform previous to the use of the forceps. He had no doubt of the great value of the agent in these instances. In two cases of turning he had also employed this medicine with the best effect. He had used chloroform altogether in thirty or forty cases, and had never seen any ill effects result from it.

Mr. I. B. BROWN had employed chloroform in fifty-four cases. In all it had been of service. It had been objected to the use of this agent, that it caused the death of the child; but in no instance had this occurred in his own practice.

Dr. LANKESTER considered that we wanted some further statistical evidence to prove the real value of chloroform in obstetric practice.

Dr. MERRIMAN mentioned a case in which the pulse had fallen to forty in a patient who had taken chloroform in the Westminster Lying-in Hospital.

Dr. E. MURPHY spoke at great length on the subject. He proceeded to argue that many of the objections to chloroform had been founded, not so much on the real merits of the agent, as on our ignorance of its true action. Doubtless, further experience was required by many to test its merits, but it must not be supposed by the opponents of this most valuable medicine, that those who employed it used it indiscriminately, or gave it a character to which it was not entitled. What, then, were the cases in which it was to be employed? Certainly not in every natural labour, if it proceeded in that tranquil manner which did not call for interference. In those cases, however, in which there was great mental excitement, arising from extreme suffering, and which interfered with the progress of parturition, chloroform was a great boon; for it must not be supposed for an instant that these were true physiological pains, for they were due to causes of which civilization formed the chief. It was only in savage life

that real labour-pains were present. He summed up the cases in which chloroform was advisable, as those in which it allayed excessive irritability, and mitigated unusual pain—in the operations of midwifery, in which it not only facilitated the proceedings of the obstetrician, but relieved the intensity of the suffering consequent upon such interference. * * *

Dr. REID was not an opponent to the use of chloroform in obstetric practice. He had, however, never advocated its employment, and his experience of late had tended to make him think less favourably of it than he formerly did. He entered at some length into three cases in which he had employed it. In the first instance, a lady who had always suffered severely during her first five confinements, in which he had attended her, but in all favourably recovered,—indeed, without a bad symptom,—had in her sixth confinement taken chloroform. He did not believe that it had at all diminished her sufferings, and from that hour to this, a period of three months, she had been a dreadful invalid, suffering from a train of nervous symptoms such as he had never witnessed, and of which Dr. Merriman only recollected one parallel instance in his vast practice, and that was the result of intense drunkenness. The chief symptoms in this case were most distressing sickness and headache. He believed a somewhat similar case had occurred to Dr. Fergusson. In other cases the chloroform had not relieved the pains of labour.—*London Med. Gaz.*, Feb. 2d, 1849.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

77. *Lunatic Asylum, Nantes—Question of Insanity.*—Patients are placed in the lunatic asylum at Nantes, either by their friends or by order of the authorities. The former is entitled *placements volontaires*, a term that does not indicate that the patient has entered of his own free will, although such examples occasionally occur, but that his friends have placed him there on the authority of a medical certificate, which should indicate his mental condition, the symptoms of his disease, and the necessity of treating his case in an asylum, and of keeping him in one. One of the persons thus admitted was a patient there for the second time. His insanity consisted, not in a delirium of words, but of actions; such as sensual appetites, a desire for continual motion, and the purchase of all sorts of articles without utility. M. Verdon, the physician to the asylum, certified that he was insane—that the disease affected the will and the character, rather than the ideas and the judgment, although the reason could not be said to be sound—that the insanity was characterized by a tendency to excesses of all kinds, to extravagant expenditure, and romantic and ridiculous eccentricities. M. Foville, of the Charenton, fully agreed with M. Verdon, that the patient was a fit person to be admitted into the asylum; but, notwithstanding, on the perusal of their certificates, and the reading of a letter written by the person, he was set at liberty by the authorities. The reporter observes on this case, that justice is always unwilling to consider a man insane who can write a reasonable letter, and sustain a long conversation without any wandering in his ideas. Extraordinary actions, excesses, extravagant expenditure, and romantic and ridiculous eccentricities, it refers to a bad education and pernicious habits.

The difficulty of this limitation, however, says M. Bouchet, the reporter, which equally exists for the disease of the intellectual faculties, ought not to prevent our acknowledging this species of insanity, which, without affecting the intellect, acts more especially on the moral principles. Psychologists have distinguished three distinct groups of the faculties of the soul—sensibility, intellect, and the will: sensibility, which comprises the pleasures and the pains, the appetites, the desires, and the more or less reflective tendencies, that is, the sentiments; the intellect, that is, the ideas, the notions, the thoughts; and the will, which comprises the determinations and the resolutions, in a word, action. This latter faculty is the result of the co-operation of the other two, or of one of the two. Sensibility, intellect, and the will decompose in the psychological as in the material order, and act together, or are separated more or less completely in the pathological order. In order that man may be in the full possession of reason, there must be a simultaneous action of these three faculties in

their regular or habitual course; but if, under certain organic dispositions produced by disease, the equilibrium is lost between these different forces, the mental faculties, which comprise the moral as well as the intellectual feelings, are changed in their manifestations, and mental alienation is the result. The conscience itself can no longer prevent the wanderings of the faculties; influenced by internal sensations, it seeks its impressions in the deposed notions and recollections of the intellect, as well as in the deposed feelings of sensibility. With these elements it judges actions; thus it justifies murder with Brutus and Charlotte Corday, suicide with Cato, and persecution with Philip the Second and Robespierre. The lunatic who has a knowledge of the morality of his actions, without the power of controlling them, or preventing their wanderings, judges and thinks rightly, but he feels wrongly; and this perverted feeling, superexcited by disease, commands the will, which directs the action in spite of his judgment, the healthy state of which has rendered it powerless.

It is not, therefore, necessary that a patient should wander in his ideas, judgment, reasoning, and language, in order that he be declared insane; it is enough that he shows it by eccentric and abandoned actions, caused by a diseased imagination, which the judgment is incapable of controlling. If, in the sequestration of the insane, a separation should be made between those whose insanity was indicated by their words, and those who evinced it by their actions, there would be but little room for hesitation. The latter ought to be submitted to sequestration rather than the others, because perversions of the sensibility cause more injury in social life than the perversions of the intellect.

In dementia, the manifestations of insanity are less evident, because all the faculties are merely weakened, (*affaiblis*.) The disorder often ceases, as regards words and actions, but the patient speaks and does little: he replies at greater length than he questions, and his actions are more routine than voluntary. The manifestations of delirium take place only under some excitement influencing the intellect or the sensibility, which gradually become weaker, so as, at last, not to be influenced by any excitant. One can do as one will with these patients, except induce them to reason. They have lost the power of combination. When excited by more or less vivid impressions, the disorder returns, and its manifestations are often dangerous. Of this kind, two or three examples are given in the report. In one of these, the patient, a lawyer, having left an asylum apparently convalescent, while travelling in Switzerland, mixed with society, and also bathed in the sea. The result was, that in a few days, mental delirium was displayed in the form of all kinds of eccentricities, so that he was again placed in an asylum, labouring under insanity and general paralysis, and died, some months afterwards, at Charenton.

The next case exhibits, in a painful manner, the consequences of setting at liberty a man labouring under dementia. The patient was an old advocate; his complaint was demency, with general paralysis; his idea, the extent of his riches. He was placed in the asylum, and an interdiction obtained with respect to his property. Becoming apparently better, he was removed; relapsing, he was admitted into another asylum, whence he was withdrawn, on again improving. He then obtained the withdrawal of the interdiction, and at once plunged into a wild career of speculation, making also ridiculous purchases, until he had ruined his own fortune, and that of his children, when the disease carried him off.

With respect to the sequestration of the insane in asylums, it appears that in France a law passed in 1838, (article 8,) requires the medical man to state in his certificate, not merely the facts of the insanity, but also that the patient's sequestration is necessary, otherwise he cannot be received, unless the insanity be of a character to interfere with the public welfare, or to endanger the lives of individuals. M. Bouchet dwells somewhat on the difficulty of indicating precisely the characters of insanity which render a patient dangerous, and require him to be sequestered. He considers those persons who, in their insanity, offend against public order by wild cries, gesticulations, and menaces, and by causing alarm—the religious, sombre enthusiast, who fancies he does God service by committing murder—and, again, the man who fancies himself pursued and persecuted by imaginary enemies, to be among those who require sequestration; but the patient labouring under dementia, and the quiet idiot, may be, he thinks,

kept under the control of their respective families. Occasionally, he admits, they may revive from their apathy, and cause some annoyance to society, but this, he says, is but momentary, and not of a nature to necessitate sequestration.—*Journal of Psychological Med.*, Jan. 1849, from *Annales Medico-Psychologiques*.

78. *Early Menstruation and Pregnancy*.—Mr. JOHN SMITH relates in the *London Medical Gazette*, (Nov. 1848,) a case of a girl who commenced to menstruate at the age of ten years and six weeks, and had a regular return of the catamenia in somewhat profuse quantity until conception, and at the age of twelve and a half years, she gave birth to a living, and for the most part healthy infant.

MISCELLANEOUS.

79. *On Influenza and Ozone*.—Dr. SPENGLER, of Eltville, remarks, on the incomplete state of our knowledge of the etiology of epidemic diseases, that the present crude theories of their dependence upon certain indefinite degrees of heat or cold in the weather will no longer be admitted; but that, by following up the discovery of ozone by Schönbein, we shall, having a tangible point whence to start, arrive at the clearness of truth, instead of the darkness which has hitherto hung over the subject.

He states, that in the village of Roggendorf, in Mecklenburgh, towards the close of 1846, slight catarrhal affections became prevalent—that but slight trace of ozone was then to be detected in the air. With the opening of the following year, however, these catarrhal affections assumed the severest forms of tracheal and bronchial disease, and hooping-cough became common, both among children and adults; then re-agents detected a great increase of ozone in the atmosphere, and, at the same time, influenza spread over the district. On the 9th January, the *ozonometer* showed a still further increase in the proportion of ozone present in the air. On the same day two persons died of influenza, and gradually the influenza spread more extensively, until, on the 21st, scarcely an individual had escaped. Thus there seemed a decided connection between the presence of ozone in the air and the spread of the epidemic.

Ozone is formed in the air by the decomposition of its water through disturbances of its electrical equilibrium: hence the peculiar pungent sulphurous and phosphoric odour. The nature and composition remains as yet uncertain. Sulphuric, probably also telluric and selenic acids, and phosphoric acid, destroy it. A very small proportion of the vapours of ether or alcohol, or of olefiant gas, will also prevent its development.

Its best test is iodide of potassium, which will detect its presence in infinitely small quantities in the air. A piece of paper moistened with a mixture of starch and solution of iodide of potassium forms an *ozonometer* far exceeding in delicacy the most accurate galvanometer or the most sensitive nose. The smallest quantity of free ozone (even only in the proportion of a hundred-thousandth), when neither galvanometer nor eudiometer show any change in the air, will be rendered manifest by the discoloration produced by the free iodine.

At the beginning of the epidemic we have noticed there was but slight discoloration: it gradually became darker, till at last the *ozonometer* exhibited a blackish-brown colour.

As the presence of ozone in the air is due to its electrical decomposition, it is necessarily influenced by its electrical tension.

If the prevalence of influenza and epidemic catarrh be owing to ozone, the vapours of sulphur, or sulphurous gases, must be protective against it. This is confirmed by, while it explains the immunity of, those engaged in or living near sulphur-works.

Dr. Spengler has been induced to publish his observations with the hope of inducing others to make further investigations into the existence and nature of ozone.—*Lond. Med. Gaz.*, Feb. 2, 1849, from *Henle's Zeitschrift*, vol. vii., pt. i.

AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

Case of Trismus Nascentium, illustrative of the influence of position of the patient in the treatment of that affection. By F. W. CLEMENT, M. D., of Delaware. (Communicated by C. W. Pennock, M. D.)

DEAR DOCTOR:—I have recently received the accompanying letter from my friend Dr. F. W. Clement, of Delaware. The facts which he narrates, being strikingly corroborative of the views of Dr. Sims of Ala., in relation to the etiology and treatment of some forms of trismus nascentium, (*Vide American Journal of Medical Sciences*, July 1848, p. 59,) I have much pleasure in communicating them to you.

Very truly yours, C. W. PENNOCK.

To Dr. HAYS,

21 Sansom Street. 25th February, 1849.

Brandywine Springs, Feb. 4, 1849.

To C. W. PENNOCK, M. D.

Permit me to give you a brief description of a case which came under my notice, and which excited in me no small degree of interest, in which I have no doubt you will participate.

I was called to see a child of Mrs. C., two weeks after birth, supposed by the family to be labouring under a violent attack of croup (for then two days); they having used all the usual remedies in such cases—viz: squills, Cox's syrup, mustard bath, &c.—without any relief whatever, but on the contrary a steady and regular increase of diseased action: the child now refusing the breast, and entirely incapable of swallowing, thus baffling all efforts on the part of the nurses to afford the little sufferer any relief, or any hope of life. At this stage of the case I was sent for.

Upon entering the room I found the child lying upon its back, in spasms, with a hard, croupy respiration, the head somewhat elevated by means of a large pillow, for the purpose of rendering the breathing less difficult, the head covered with a cap and cradle blanket;—presenting to me an *unusual* form of croup. I had the child taken from the cradle, removed the head coverings, and upon examination found the occipital bone much depressed, the posterior edges of the parietal bones riding over it; forming a strong and well-defined ridge, which at once convinced me I had a case of trismus nascentium. As you may well suppose, I had the child placed upon its side, so as to relieve the posterior portion of the head entirely from pressure: and I sat by my little patient anxious for the result. To my great satisfaction, in less than an hour the spasms entirely ceased, the breathing gradually became more free and easy, and the general appearance of the child gave a strong hope for its life. Before leaving, I had the child replaced in the cradle properly on its side, well supported, so as not to permit it to roll over on its back; and left it with a strict caution to the nurse not to let it change position, and to hold it to the mother's breast with the side of the head resting upon her hand, while she nursed it. My first visit being late in the afternoon, I did not make another visit until

the following morning, when I found my little patient still better, no return of any unpleasant symptom; and the child is now perfectly well, without using a single remedy, save that of position alone.

Yours truly, F. W. CLEMENT.

Ovarian Dropsy cured by the long Abdominal Incision in 1701. By ROBT. HOUSTOUN. (Communicated in a letter from W. L. ATLEE, M. D.)

Philadelphia, January 27, 1849.

DEAR DOCTOR:—In looking over the *Philosophical Transactions*, London, some time since, I met with the following curious and successful case, which seems to have been entirely overlooked by all the writers who have tabulated the cases of ovariectomy. This, no doubt, has arisen from the circumstance that few medical men would think of looking into the pages of a work thus entitled for surgical cases:—and yet it might be well to remark that the medical papers in these transactions often possess considerable value. At the time my table was published in your Journal (April 1845), I flattered myself that I had succeeded in collecting all the cases that had been recorded up to that date; and the credit of the first operation in that table was given by me, as it had been by all others, to L'Ammonier. It would appear, however, from this case that this operation originated with English surgery, as it dates as far back as 1701. I have made a correct copy of it, with the hope that, through your Journal, it may be restored to the profession. It may be found in "*The Philosophical Transactions*, [from the year 1719 to the year 1733,] *abridged, and disposed under general heads*. Vol. vii. p. 541. [London, 1734.]"

Truly yours, &c., WASHINGTON L. ATLEE.

To Dr. HAYS.

"*A dropsy in the left ovary of a woman aged 58 years, cured by a large incision made in the side of the abdomen.* By Dr. Robert Houstoun. No. 381, p. 8.—In August, 1701, Margaret Miller, living not far from Glasgow, informed me that her midwife in her last lying-in, at forty-five years old, having violently pulled away the burthen, she was so very sensibly affected by a pain, which then seized her in the left side, between the umbilicus and groin, that she scarce ever had been free from it after, that it had troubled her more or less during thirteen years together; that for two years past she had been extremely uneasy, her belly grew very large, and a difficulty of breathing increased continually upon her; insomuch, that for the last six months she had breathed with the utmost difficulty. That in all that space of time, she had scarce ate so much as would nourish a sucking child; and that for three months together she had now been forced to lie constantly on her back, not daring to move at all, to one side or other.

"This tumour was grown to so monstrous a bulk, that it engrossed the whole left side from the umbilicus to the pubes, and stretched the abdominal muscles to so unequal a degree, that I do not remember to have ever seen the like in the whole course of my practice. It drew towards a point. Her being so long confined to lie continually on her back, having grievously excoriated her, added much to her sufferings, which, with want of rest and appetite, had greatly wasted her.

"I told her that in order effectually to relieve her, I must lay open a great part of her belly, and remove the cause of all that swelling. She seemed not frightened, but heard me without disorder, and pressed me to the operation.

"I drew (I must confess) almost all my confidence from her unexpected

resolution, so that without loss of time I prepared what the place would allow, and with an imposthume lancet, laid open about an inch; but finding nothing issue I enlarged it two inches, and even then nothing came forth but a little thin yellowish serum, so I ventured to lay it open two inches more. I was not a little startled, after so large an aperture, to find it stopped only by a glutinous substance. All my difficulty was to remove it; I tried my probe, I endeavoured with my fingers, but all was in vain; it was so slippery that it eluded every touch, and the strongest hold I could take.

"I wanted, in this place, almost everything necessary, but bethought myself of a very odd instrument, yet as good as the best, because it answered the end proposed. I took a strong fir splinter, wrapped some loose lint about the end of it, and thrust it into the wound, and by turning and winding it, I drew out above two yards in length of a substance thicker than any jelly, or rather like glue that is fresh made and hung out to dry; the breadth of it was above ten inches: this was followed by nine full quarts of such matter as I have met with in steatomatous and atheromatous tumours, with several hydatids of various sizes, containing a yellowish serum, the least of them bigger than an orange, with several large pieces of membranes, which seemed to be parts of the distended ovary. Then I squeezed out all I could, and stitched up the wound in three places, almost equidistant; I was obliged to make use of Lucatella's balsam, which was made by her lady for the use of the poor; with this balsam I covered a pledget, the whole length of the wound, and over that laid several compresses, dipped in warm French brandy, and because I judged that the parts might have lost their spring by so vast and so long a distension, I dipped in the same brandy a large napkin four times folded, and applied it over all the dressings, and with a couple of strong towels, which were also dipt, I swathed her round the body, and then gave her about four ounces of the following mixture:—R. Aq. Menthae, ℥bj fl. Aq. Cinnamomi, ℥bj fl. Syr. Diacodii, ʒvj. M.

"The cinnamon water was drawn off from canary and the best cinnamon; indeed it was the finest and most fragrant cinnamon water I ever tasted: of this mixture I ordered her two or three spoonfuls four times a day.

"Next morning I found her in a breathing sweat, and she informed me, with great tokens of joy, that she had not slept so much nor found herself so well refreshed at any time for three months past. I carefully attended her once every day, and as constantly dressed her wound in the same manner as above, for about eight days together; I kept in the lower part of the wound a small tent, which discharged some serosities at every dressing for four or five days. But business calling me elsewhere, I left her, having first instructed her two daughters how to dress her wound, and told them what diet I thought most proper.

"Her chief food was strong broth made of an old cock, in each porringer of which was one spoonful of cinnamon water; this was repeated four times a day, and gave her new life and spirits.

"After three weeks' absence, I called at her house, and finding it shut up was a little surprised, but had not gone far before I was much more surprised, when I found her sitting wrapped up in blankets, giving directions to some labourers who were cutting down her corn.

"She mended apace, to the admiration of everybody thereabouts, recovered surprisingly, and lived in perfect health from that time till October, 1714; when she died in ten days' sickness.

"That this tumour, or rather dropsy of the ovarium, proceeded from the midwife's rashness in pulling away the placenta, not knowing how to separate

it from the uterus skillfully, seems to me plain from what the woman herself told me, and what fell out afterwards. The placenta adhering fast to the uterus, required more art to bring it away than she was mistress of, which probably induced her to use violence; by which she forced down the fundus uteri, so overstrained the ligaments and all that is appended to them, especially the ligamentum latum of the left side, and its ovarium, which may be reasonably allowed to have been hurt in the relaxation with the rest. Hence the elasticity of these injured parts was not only impaired, but the small lymphatics ruptured, so that the extravasated lymph rushing out, thickened, and not being able to recirculate, dilated the injured ovarium, and thus increased the tumour, and the parts being already excessively distended, and being no longer able to resist the new influx of fresh secretions, ruptured also, and by degrees augmented to that huge and enormous bulk."

DOMESTIC SUMMARY.

On the Development of the Purkinjean Corpuscle in Bone. By JOSEPH LEIDY, M.D.—Schwann, in his "*Mikroskopische Untersuchungen*," considers that the Purkinjean corpuscle of bone is derived from the pre-existing cartilage cell, and that the canaliculi are prolongations, or protrusions of the cell wall. Many later authors, among whom are Gerber, and Todd and Bowman, express the opinion that it originates in the nucleus of the temporary cartilage cell, and Tömes entertains the idea, that after the formation of the osseous tubes, in the process of ossification, the latter are filled up by a deposit of osseous granules, and while this deposit is going on, small cells are left, which are the rudimentary Purkinjean corpuscles. Henle thinks them to be the cavities of cells, the thickened walls of which are pierced by the canaliculi. Hassall confirms the view of Schwann by stating, "the bone cells (Purkinjean corpuscles) are to be regarded as complete corpuscles, the canaliculi of which are formed by the extension of the cell wall, which is proved by watching the formation and development of bone."

The opinion of Schwann and Hassall I can fully corroborate from my own observations upon an ossifying frontal bone, from a human embryo measuring two inches from heel to vertex. Each lateral half of the bone is about $3\frac{1}{2}$ lines in diameter, and presents to the naked eye the appearance of a delicate and close net-work, arising from the numerous areola occupied by temporary cartilage. The frontal and orbital plates, it is worthy of incidental remark, at this period, are nearly on a plane with each other, or are connected together at a very obtuse angle along a central, transverse, crescentic, raised line, the rudimentary supra-orbital ridge.

The mode of development of the Purkinjean corpuscle, as noticed upon the upper or posterior border of the os frontis, is briefly as follows: After the primitive ossific rete has been formed from the deposit of the osseous salts, enclosing groups of cartilage cells in the areola, the further deposit takes place in a fibrous or line-like course from the parietes of the areola of the primitive osseous rete, in the interspaces of the cartilage cells nearest to, or in contact with the sides of the areola. At this period the cells shoot out or extend their canaliculi between the fibrillæ just formed, and then the cell-wall and continuous walls of the canaliculi fuse with the translucent, homogeneous, or hyaline substance of the cartilage existing between the cells and the osseous fibrillæ, and with the fibrillæ themselves, by the deposit of the osseous salts. The period of the formation of the canaliculi appears to be quite definite, occurring during the deposit of the osseous salts, and not before. To such an extent is this the case, that I noticed in several instances cells which had formed their canaliculi upon the side which was ossified, while upon the other side I could not distinguish any trace of them.

During the whole time of the formation of the Purkinjean corpuscle, the

nucleus remains unchanged; at least no change is perceptible in it beneath the microscope, and by applying tincture of iodine to the preparation, which turns the nucleus brown, I was able to detect it within the perfected Purkinjean corpuscle, not only corresponding to the nucleus of the remaining unossified cartilage cells in granular structure, but also in its measurements. After the Purkinjean corpuscle has been formed a short time, the nucleus dissolves away or disappears.

The newly formed Purkinjean corpuscle is about the same size as the remaining unossified cartilage cells, as indicated in the list of measurements appended to these notes.

Size of cell of temporary cartilage, from the unossified os frontis of a human embryo, $\frac{1}{886}$ of an inch; nucleus of do. $\frac{3}{125}$ of an inch; nucleolus $\frac{3}{333}$ of an inch; Purkinjean corpuscle $\frac{1}{865}$ of an inch; nucleus within the same $\frac{3}{638}$ of an inch.—*Proceedings of Academy of Natural Sciences of Philadelphia*, Nov. 1848.

On the Arrangement of the Areolar Sheath of Muscular Fasciculi and its Relation to the Tendon. By JOSEPH LEIDY, M.D.—Well known is it, that the fasciculi of fibres of the muscles are surrounded by sheaths of areolar tissue, but the arrangement of the filaments of fibrous tissue forming the sheaths, and their relation with the tendon, I think has not been properly pointed out. From repeated observation, I have found that the filaments of fibrous tissue cross each other diagonally around the muscular fasciculi, forming a doubly spiral extensible sheath. None of the filaments run in the direction of the length of the fasciculi, and but few are transverse. Many of the filaments of a sheath form an interlacement in the same diagonal manner with the filaments of the sheaths of neighbouring fasciculi. This arrangement is readily distinguished, if several fasciculi be drawn slightly from each other upon a plate of glass, and the intervening areolar tissue be viewed beneath the microscope. When the filaments reach the rounded extremities of the fasciculi, they become straight, and in this manner conjoin with the tendinous filaments originating at the extremities of the muscular fibres. The importance of this arrangement can be readily understood; from the diagonally crossing course of the areolar filaments, comparatively inelastic in themselves, the sheath is rendered elastic, thus permitting the muscular fibres freely to move without their action being interfered with, while at the point of attachment of the fasciculi, where any elasticity would be worse than useless, from the fact that part of the muscular action would be lost in the mere extension of an elastic substance, we find the filaments arrange themselves so as to become part of the inextensible tendon.—*Ibid.*

Intermaxillary Bone in the Embryo of the Human Subject.—Dr. LEIDY offered the following observations on the existence of the intermaxillary bone in the embryo of the human subject:

The immortal Goethe, I believe, was the first to point out the existence of the os intermaxillare in the human subject, but it has only been observed in an abnormal condition, or where there has been an arrest of development in connection with some cases of hare-lip; and the period of life in which it is found as a distinct piece, and its exact limits, have not yet been accurately determined. The universality of the presence of the os intermaxillare in all animals below man, its presence as a distinct piece in an abnormal condition in man, always defined by a lateral fissure which characterizes it as the incisive bone, and the uniform existence of a transverse fissure behind the incisive alveoli of the os maxillare superius of the human fœtus at birth, have led many anatomists to suspect its normal and independent existence in the embryonic condition of man at an earlier period than it has been sought for.

As the negro in his anatomical characters is not so far removed from the embryological condition as the white, it is to be presumed that the intermaxillary bone would remain longer distinct; and under such an impression I have several times desired medical students, from our Southern States, whose opportunities of investigating the anatomy of the negro are frequent, to make this a subject of inquiry. Such an opinion cannot be considered unworthy of attention, when

it is recollected that Tschudi mentions the existence of a true os interparietale, as a constant condition, in certain branches of the aboriginal inhabitants of Peru, the Chinchas, Aymaras and Huancas.

Recently having had an opportunity of examining several human embryos, in one of them I was fortunate enough to detect the intermaxillary bone as a distinct and independent piece. This embryo measured one inch and eleven lines from heel to vertex, and I presumed it to be about nine or ten weeks old. In it ossification had already advanced in the superior maxillary and intermaxillary bones sufficiently to give them a determinate form, and their appearance, when magnified, is represented in the figures 1 and 2, which were taken from the specimens through the aid of the camera lucida.

Fig. 1.

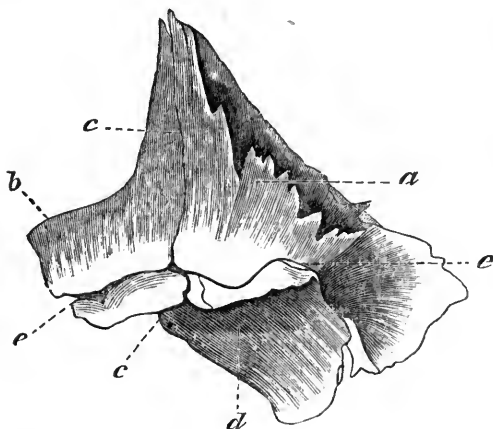


Fig. 2.

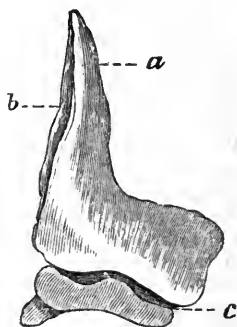


Fig. 1 represents the superior maxillary and intermaxillary bones, much magnified, of a human embryo. The drawing was taken from the right side through the aid of the camera lucida, which reverses its position. *a.* superior maxillary bone; *b.* intermaxillary bone; *c.* line of articulation between the two bones; *d.* palatine process; *e.* alveolar groove.

Fig. 2 represents the antero-inferior surface of the separated intermaxillary bone, much magnified. (From the left side, but reversed by the camera.) *a.* ascending or nasal process; *b.* articulating surface for the superior maxillary bone; *c.* incisor alveoli.

The greatest breadth of the two bones in apposition is one line and two-thirds; the greatest height, being at the ascending or nasal process, is one line. The two pieces present a facial portion, consisting of the ascending or nasal process and part of the body of the bones; an alveolar ridge and groove and a palatine process projecting backward from the superior maxillary bone. They are easily separable at this period, and the articulation passes through the alveolar ridge, at a point corresponding to the separation between the incisor alveoli and the canine alveolus, and extends transversely inwards behind the incisor alveoli, and vertically upwards, dividing the nasal process into two nearly equal portions. On the posterior surface of the nasal process the articulation is at the bottom of a comparatively deep and wide groove, which, however, does not appear to be part of the lachrymal canal, as the latter appears afterwards and external to the former groove. The preparations exhibiting these interesting points which prove the existence of the same law, throughout the animal kingdom, governing the formation of the upper maxillary bones, I present for the inspection of the members of the Academy.

In an embryonic skeleton in the Wistar Museum, measuring three and one-eighth inches in length, and purporting to be about nine weeks old, which,

however, I think too young, the maxillo-intermaxillary articulation is still evident at the ascending process, but it does not divide the latter so equally, being more internal and inferior, apparently from a more rapid development of the nasal process of the true maxillary bone. Just above the alveolar ridge they are already ankylosed together.

In another embryo, in the same museum, measuring three and one-fourth inches in length, the two bones have become firmly united, excepting behind the incisor alveoli, but the line of original separation is readily traced out, from a greater degree of thinness and transparency along its course. The nasal process of the true maxillary bone has so much increased beyond the nasal process of the intermaxillary bone, that the latter no more ascends to the summit of the former, but is considerably inferior and internal.

In the foetal skeleton, measuring five inches in length, all traces of the inter-articulation have disappeared, except behind the incisor alveoli, which latter portion, as is well known, does not usually disappear until some time after birth, and in some instances is found in the adult cranium.—*Proceedings of Acad. Nat. Sci. of Philadelphia*, Jan. 9, 1849.

Lithotomy—117 *Calculi weighing 4½ ounces Successfully Removed.* By PAUL F. EVE, M. D., (*Southern Med. and Surg. Journ.*, March, 1849.)—The subject of this case was a man 43 years of age, who, 25 years ago, was struck on the back by a piece of timber, from which he dates his difficulty in urinating. Two years past his difficulty became so great, that to discharge urine at all, he had to assume the horizontal position, and then with the fingers introduced into the rectum, he pushed up the bladder. A large quantity of matter, he says, is also evacuated by the penis. When he sits upon the edge of a chair he experiences a sensation as of crushing (crepitation) a ball of snow in the perineum.

On the 6th of January, the patient was put under the influence of chloroform, and an incision, about three inches in length, was made over the tumour situated in the perineum, as for the lateral operation, except that it was upon the right instead of the left side. About 56 calculi were removed through this opening, and it was hoped the operation was completed; but upon introducing a female catheter through the wound into the bladder, a second collection of stones was readily detected in this receptacle. A grooved sound was now passed through the urethra and the double lithotome conducted by it into the bladder; the former was withdrawn and the bi-lateral section completed, by drawing the latter instrument out somewhat in the line of the external incision made in the skin. With the lithotomy forceps repeatedly introduced, by conducting it upon the finger, 61 stones were extracted from the bladder. Through the opening in the perineum a quantity of pus was discharged. During the operation, the rectum protruded in a large mass so as to interfere with lowering the handle of the forceps, to seize the calculi in the bladder. The patient also had violent and involuntary contractions of the abdominal muscles, and during the latter stage of the operation the chloroform was discontinued. It lasted one hour.

On the eleventh day the patient was walking out of doors, and on the eighteenth day, he returned home. A month after the operation he was well.

The whole number of calculi extracted was 117, of which the largest weighed 3½j, and 38 grs.; the two next in size, each 78 grs., and the smallest 1 gr.—furnishing an aggregate weight of 3ivss.

The shape of the calculi was the tetrahedral. Professor Means found them on analysis to consist of phosphate of lime.

Professor Eve notices the following peculiarities in this case. 1st, the cause—an injury to the spinal column, probably by partial paralysis of the bladder favouring a perversion of the function of this organ.

2d. The nature of the calculus—phosphate of lime or bone-earth. This is, he believes, peculiar to disease of the bladder itself. Any calculus may have a coating of phosphate of lime, but when composed throughout of this combination, the evidence is strong, if not conclusive, that the evil originated in the bladder.

3d. The long existence of the disease without its character being detected.

4th. The size and shape of the calculi. They appeared both in the perineum

and bladder to have been regularly impacted, one against the other. Occasionally two, but generally one only was seized by the forceps in their extraction.

5th. The membranous portion of the urethra preserved its integrity, while the bulbous was ruptured by the stones. The two deposits, the one in the perineum and the other in the bladder, were about two inches apart.

6th. The calculi must have all had a common origin—there being no difference in their shape, colour, or composition. Those in the bladder were, however, a little larger than those taken from the perineum. Dr. E. agrees with Professor Means in the opinion, that they probably originated in the prostate gland, observing the laws of crystallization in their subsequent accumulation in the bladder and perineum.

7th. The remarkable fact that Mr. O'Bannon preserved his virile powers. His wife has borne several children, and is now actually seven months pregnant.

8th. The speedy recovery, in certainly, what must be considered quite unfavourable circumstances.

Case of Inguinal Aneurism—Compression tried without success—Ligature of the Artery.—Dr. W. H. VAN BUREN relates (*New York Journ. of Med.*, March 1849) a case of inguinal aneurism in a man 25 years of age, of robust constitution, who in March 1848, had been jammed between the wheel of a carriage and a gate post, the former striking his buttock and forcing his groin against the post. Two weeks afterwards he perceived a pulsating swelling in his right groin, which, when he applied to Dr. V. in the following July, had attained the size of an orange.

Having observed, that the pulsations of the tumour were easily controlled by pressure of the trunk of the external iliac artery against the pubes, Dr. Van Buren determined to give pressure a trial. Accordingly he obtained the assistance of a sufficient number of his friends, and commenced pressure with the fingers upon the artery about an inch above the crural arch, on the 1st of August, at 12 o'clock, M., having previously evacuated the bowels, and placed the patient upon a hard mattress, under the influence of digitalis, by which the pulsations of the heart were reduced to 45 per minute. It was thought better that cold should not be applied to the tumour. During the first eight or ten hours the pressure was accurately kept up, and borne without complaint; some pain and restlessness then occurred, which was measurably relieved by morphia. At the end of twenty-four hours, although the pain was endurable, we found that much more decided pressure was required to restrain the pulsation in the tumour; this difficulty continued to increase, as well as the pain, which became very severe, especially at the time of changing hands, and finally, at midnight on the 2d, after having been faithfully maintained during thirty-six hours, it was found necessary to discontinue the pressure.

The condition of the tumour was apparently unaltered. Some inflammation of the integuments followed, at the point of pressure, which terminated in an impetiginous eruption, and two weeks elapsed before the parts were in a proper condition for the operation.

On the 17th of August, Dr. V. applied a ligature to the external iliac artery, at a point about an inch and a quarter above Poupart's ligament, adopting the operative method recommended by Mott. The patient was placed fully under the influence of a mixture of chloroform and ether.

The slightest possible chill and fever followed, within the first twenty-four hours, after which no morbid symptoms occurred. Adhesion took place in the wound—without any evidence of local inflammation.

The limb retained its natural sensibility, but became about 5° colder than its fellow—which difference in temperature has persisted, with very little diminution, to the present time. The ligature came away on the 17th day, and the slight fistulous opening left by it was entirely closed by the expiration of the third week. At the end of the sixth week the tumour had diminished to the size it possessed when first discovered, and my patient left the city well satisfied with his condition. At this time Dr. V. could discover no pulsation in either of the tibial arteries, although they could be felt to be tense, and apparently filled with blood.

Trephining for Epilepsy.—Dr. J. G. F. HOLSTER relates (*Western Lancet*, Feb. 1849), a case of epilepsy in a female twenty-five years of age, who has been afflicted with the disease for twenty years. On examination of her head, he found a cicatrix on the posterior part of the parietal bone, which she stated had been produced by a stroke with an axe when she was five years of age. On cutting off the hair, a portion of bone, two and a-half inches by one inch, appeared depressed; and the part was excessively tender to the touch, and was often the seat of great pain. Dr. H., therefore, determined to remove the depressed bone, which he did on the 25th of July, which was followed by great relief, the patient saying she had not felt so well for twenty years. At the date of the report, Sept. 11, the wound had firmly cicatrized, and the patient had been free from fits.

Dr. H. performed a similar operation five years before, but without relieving the patient from her disease. In this case a splinter of the inner table of the cranium, an inch long, had passed through the longitudinal sinus.

Some years since, several cases of epilepsy, successfully treated by trephining, were reported by Professor Dudley, of Lexington. (See this Journal for August, 1828, p. 489.)

Iodine in the Treatment of Snake-bites.—Dr. WHITMIRE states (*North-Western Med. and Surg. Journ.*, Jan. 1849) that he has used the tincture of iodine in cases of the bites of the rattlesnake, viper, and copper-head, in both man and beast, with the effect of putting an entire stop to the swelling and pain of the bitten part in from twelve to sixteen hours. He paints the bitten part over the whole swelling with three or four coats of the tincture twice daily, and should the swelling extend, which it almost always does after the first application, if made soon after the infliction of the wound, he repeats the application. The third application puts a stop to the extension of the swelling, and three or four more will generally restore the limb to its natural state, except, perhaps, sensibility to the touch, and soreness of the muscles.

Cholera in New Orleans.—We extract the following interesting account of the origin and progress of the late visitation of cholera at New Orleans, from a letter by Dr. E. D. FENNER.

"The commencement of the late epidemic," Dr. Fenner states, "may be dated from the 11th of December, when the ship 'Swanton' arrived at this port thirty-nine days from Havre, with 280 steerage passengers, consisting of German and French immigrants—chiefly German. Now, whether it be a mere coincidence that epidemic cholera broke out in this city just at the time when a vessel arrived having some cases of cholera on board, or that said vessel brought the infection, which rapidly spread through the whole community, is an exceedingly debatable question. But let me go on with a statement of such facts and circumstances as I have, before I attempt to debate it. The whole subject is replete with interest. Everything connected with it is new to me, and I will endeavour to make the most rational induction in my power, having no preconceived theory to substantiate.

"For several weeks previous to the arrival of the 'Swanton,' the weather had been changeable—for the most part very warm, though there had been several white frosts. Yellow fever had almost disappeared, and there was but little sickness prevailing; though amongst the existing diseases were observed some remarkable cases of stomach and bowel complaints. On the 5th of December, I attended a gentleman on Custom-house street, who laboured under vomiting, pain and spasms in the bowels, and prostration to such a degree that, if epidemic cholera had been supposed to be here, no person would have hesitated to pronounce him a case. He had no rice water evacuations, but his bowels were rather costive, and he vomited bile; but many such cases have been seen since the epidemic was declared. He recovered after two or three days' illness, and has not been again sick.

"Some days previous to this, three or four negroes were attacked with cholera morbus on the same night and at the same house, in Gravier street. They were promptly treated, and all soon recovered. Similar cases were observed in

the practice of a number of physicians in different parts of the city, all going to show, as it appears to me, that the epidemic influence of cholera was gradually being matured and developed in our midst.

"I have recently learned some other facts, which are worthy of notice in connection with the commencement of this epidemic. The ship 'Guttenburg,' from Hamburg, with some 250 steerage passengers, after a passage of fifty-five days, arrived at New Orleans on the 6th of December. Cholera was prevailing at Hamburg when this ship left, and six or seven deaths from it occurred on board before she got out of the Elbe. As soon as the vessel got out to sea, the disease subsided completely, and no more cases occurred during the whole voyage. As there were no cases of cholera on board when she arrived here, it attracted no attention, although she came from an infected port; but I am informed by one of the visiting physicians of the Charity Hospital, that soon after the epidemic broke out here, a man died in one of his wards, who stated that he had recently arrived from Germany on board a vessel which had lost several passengers by cholera. What became of the other passengers of the 'Guttenburg,' I know not.

"In addition to this I should not omit the following fact, obtained from the records of the Mayor's office and the newspapers of the day, viz: The bark 'Callao,' from Bremen, having 152 German emigrants on board, after a passage of forty-eight days, arrived at New Orleans on the 8th of December, and anchored off Slaughter House Point, on the opposite side of the river. The Secretary of the Board of Health was sent to examine her on the 11th of December, and reported that: 'During the voyage eighteen of the immigrants died, some of whom died with *purging and vomiting*, and others with violent attacks of diarrhoea. The last death occurred on the 30th of November. At present no cases of sickness on board, and those who left the vessel since its arrival are well. N. B.—It is reported in the log-book that the first case that died perished from cholera. This is merely the opinion of those on board, and is not entitled to much weight.'

"The Callao remained over on the opposite side of the river until about the 4th of January, when she was brought over on this side to be loaded.

"The ship Swanton left Havre on the 2d or 3d of November. *There was no cholera at Havre when she left*, nor have we heard of any since. There was none in any part of France, but the epidemic had reached Germany, and some of the passengers on board the Swanton were German emigrants. Whether they came from an infected district or not, we are not informed. The vessel was out twenty-six days before a death occurred, the first being from consumption on the 28th November. We learn that sixteen or seventeen deaths occurred during the passage, most of them from bowel complaints, supposed to be dysentery. The Swanton reached New Orleans on the 11th of December, and took position at the wharf in the *upper part of the Second Municipality*. On the morning of the 12th, a woman was carried from the ship to the Charity Hospital, and found to be in a complete state of collapse. She was reported to have been attacked the night previous with violent vomiting, purging and cramps.

"The intelligent house surgeon, Dr. Wedderstrandt, as well as a number of other physicians who saw this case, at once recognized it as Asiatic cholera, and the Board of Health was notified of the fact. The woman died at 6 P. M. The Secretary of the Board, Dr. Hester, was immediately despatched for the purpose of examining the condition of the vessel and passengers. He reported the facts above stated, and in addition, that 'he found two old women labouring under bowel complaints, and two children suffering from debility—the ship in a fair condition as regards cleanliness—passengers generally look well.'

"On the morning of the 13th, a man who came over on the same vessel, was brought to the Charity Hospital and found to be in a complete state of collapse. He was cold and pulseless, but his intellect was perfectly clear, and he gave the following account of himself: He said he had a slight diarrhoea on the morning of the 11th, but he walked about the city and ate an apple. On the 12th he left the ship and went to a boarding-house near the Poydras market—still had slight diarrhoea, but ate no fruit this day. After going to bed, was attacked with severe vomiting, purging and cramps—took no medicine and was reduced

to a state of collapse when he entered the hospital. He died about 6 P. M. The books of the hospital show three other cases of cholera admitted on this day, all of which terminated fatally. They were from different parts of the city, and not passengers of the Swanton. On the same day I observed two women in the hospital from the same ship. They had only slight diarrhoea, and were promptly relieved. The two fatal cases were seen by a number of physicians, most of whom felt no hesitation in pronouncing them Asiatic cholera, though a different opinion was expressed by some. The rumour soon spread throughout the city and created great consternation.

"On the evening of the same day (13th December) that the second case was taken to the Charity Hospital, a man who has resided here for many years, and who does business not far from the St. Charles Hotel, came into my office with strong symptoms of cholera. He had not been near the ship Swanton, nor seen any of the passengers. I prescribed for him, and on visiting him at his room, half an hour afterwards, I found him extremely ill, with severe pain in his bowels, copious watery purging, skin bathed in cold sweat, great thirst and general prostration. His condition was so alarming, and he derived so little relief from large and repeated doses of opium, calomel, camphor and capsicum, assisted by sinapisms, stimulating frictions, &c., that I determined to resort to the inhalation of chloroform. By this means he was made perfectly easy in about two minutes, and remained so until the other medicines he had taken had time to act. He got through the night pretty well, and recovered in a few days from a dangerous illness.

"On the 14th December, the Board of Health held a special meeting, and issued a card which appeared in the newspapers the following morning, assuring the public that there was no foundation for the rumour that Asiatic cholera had made its appearance in the city. This statement was seconded by flourishing editorials in several of the newspapers of the day.

"On the 15th December there were eight cases of cholera admitted into the Charity Hospital, and I heard of cases in the private practice of a number of physicians.

"In a letter from a learned physician of this city to a distinguished professor in Paris, which was published in the *Commercial Times* of the 23d inst., the author mentions three fatal cases of cholera that occurred on Custom-house, Bienville, and Chartres streets on the 15th. He goes on to say: 'It is well enough to remark here, that these three primary victims of cholera in New Orleans were all cooks, going every morning, very early, to the principal market in the city, situated on the bank of the river, a cable's length from the infected vessel.' In the latter part of this statement, the worthy author must have made a mistake, for the President of the Board of Health was informed by its secretary, who was sent to examine the Swanton, that he found her in the upper end of the Second Municipality, which is nearly a mile from the aforesaid principal market, frequented by the unfortunate cooks. So these cases must have originated in a different way.

"On the 16th December, there were eleven cases of cholera admitted into the hospital, and the disease was evidently rapidly increasing in private practice.

"On this day I was called to see Dr. J. B. Morgan, of Jackson, Miss., who was attacked the night previous, without having committed any other indiscretion than eating some fish and oysters at dinner. When I arrived at his room, I met Dr. Farrell, who had seen him before, and had good reason to be provoked at the difficulty he found in convincing Dr. Morgan of the danger he was in, and the importance of prompt and vigorous treatment. Dr. M. had already passed about thirty liquid evacuations, then had cramps in his legs, and in fact was on the verge of collapse. Dr. M. being an old friend and neighbour of mine, I joined my entreaties to the arguments of Dr. F., and we did all we could to convince him of the importance of vigorous treatment, but all to no purpose. He insisted that he was not dangerously ill—that he had been similarly affected many a time before, and that if he were not disturbed he would soon be well. The sequel soon verified our worst apprehensions. He was incorrigibly obstinate, dallied too long with a dangerous disease, and was lost.

"The panic now prevailed throughout the city, and vast numbers of people

fled in every direction; yet some of the leading newspapers and a few physicians hooted at the idea that the disease was *Asiatic cholera*, and the Board of Health still kept aloof. From this time the disease increased so rapidly that on the 22d December, ten days from the time when the first case was admitted into the hospital, the number of deaths by cholera in that institution amounted to twenty-two, and in the whole city to forty-five.

"The epidemic raged most severely from the 22d to the 30th of December, having reached its zenith about the 28th, on which day the deaths by cholera were ninety-two. From the 16th to the 22d the weather was oppressively warm, the thermometer rising as high as 84°. From the 22d it was cool, wet, and gloomy, till the night of the 30th, when there fell a white frost. On the morning of the 1st January there was another white frost, and from that time the disease declined steadily.

"The epidemic influence appeared to be felt by almost every person in the city, whether native or foreigners, acclimated or unacclimated. Thousands complained of an extraordinary uneasiness in the stomach and bowels, but in a vast majority of instances it was easily relieved, and but few bad cases occurred amongst those who were prudent and paid proper attention to the premonitory symptoms. The lower classes of people have evidently suffered most, which may be attributed to ignorance or neglect. The mortality at the Charity Hospital has been very great; yet no one can be surprised at it who visited that institution during the epidemic and witnessed the condition in which the patients were when admitted. Cholera is an insidious disease that generally steals upon its victims, seldom declaring itself openly until it has them completely within its fatal grasp. I have not a doubt that seven-tenths of the people who have recently perished of it in this city might have been saved, if they had procured proper medical aid at the onset of the disease. I presume there is hardly a physician in the city who has not been called to persons reduced to the most dangerous condition by relying too implicitly and too long upon some of the various 'specifics' advertised in our newspapers and lauded by the editors.

"The mortality from cholera at its late visitation, compares most favourably with that of 1832, when it first scourged our city. The number of deaths by cholera from the 12th December, 1848, to the 20th January, 1849, as appears from the reports of the Board of Health, amounts to near 1400, five hundred and ninety-six of which occurred at the Charity Hospital. We learn from an interesting Memoir on the Cholera of 1832, addressed to the Academy of Medicine of Paris, by Dr. M. Halphen, a French practitioner of this city at that time, that the disease made its appearance about the 25th of October, in the midst of an epidemic of yellow fever; that in a few days it raged severely, and that in the short space of twenty days it killed about 6000 people. Dr. Halphen says, that the mortality amounted on some days as high as 500 a day. He estimates the full population of the city then at 50,000, and as cholera broke out during the prevalence of yellow fever, ere yet the absent citizens had returned and before the customary visitors dared to come in, he does not think the population at that time exceeded 35,000; thus showing the frightful loss of about *one-sixth of the people in about twenty days*. When we read over these sad details, we may well congratulate ourselves upon our happy deliverance from the late pestilence. True, we have lost about 1400 people, amongst them a few valuable citizens; but what would have been our fate if so malignant a disease as that of 1832 had broken out in December last, when all our own people were at home, and the city was full of strangers? In 1832, *the living could not afford decent burial to the dead*. Dr. Halphen states, that on some days upwards of one hundred corpses were accumulated at the cemeteries, waiting for interment. Large trenches were dug, into which cart loads of uncoffined bodies were heaped indiscriminately; and in the dead of night, a great number of bodies, with bricks and stones tied to the feet, were stealthily thrown into the river. The same ratio of mortality at the present time would demand about twenty thousand victims. Let us turn from the appalling calculation, and thank God that we have been so mercifully spared.

"As in 1832, the epidemic has declined to a stage of comparative security, but the disease has not entirely disappeared. There is as little cholera in New

Orleans at the present time, in proportion to the population, as in any other part of the Lower Mississippi Valley. Whether the epidemic will be rekindled, at the approach of the ensuing summer, remains to be seen. If the miserable condition of the city, as regards cleanliness, will have any influence upon the event, we may certainly expect it. New Orleans must ever continue to be a prey to the most fatal diseases that prevail, until something efficient is done to improve its sanatory condition.

"The manner in which the cholera has spread from this city, in every direction, forms a problem as curious and difficult as that of its first appearance. Almost every vessel that left the city, a few days after the disease commenced, soon had cases aboard, and on some of the steamboats going up the river there were twenty or thirty cases and many deaths. Thus, persons having the disease, and dying of it, were carried to all the landings, towns and cities up the river as high as Cincinnati. In many of these places it spread to a limited extent among the inhabitants; in others it did not. We have as yet heard of no place up the river where the disease has prevailed as an *epidemic*. We learn that cholera is spreading among the plantations along the river, and also in the interior of Louisiana. To some of these the infection appeared to be directly carried; at others it began without any communication with an infected district. The most remarkable mortality that we have heard of, out of the city of New Orleans, occurred in the 8th infantry, a body of 450 soldiers which arrived here from Jefferson Barracks on the 1st of December, and were stationed at the Barracks, about four miles below New Orleans. There they remained till the 12th, when they embarked for Port Lavaca, in Texas, on board the steamships Telegraph and New Orleans. These ships reached Port Lavaca on the 15th, but the men did not land till the 20th December. On the night of the 21st, according to a correspondent of one of our newspapers, the right wing of the regiment, under the command of Brevet Major Gates, moved twelve miles into the country; the left wing, under command of Major Morrison, remaining in Lavaca. During the night the weather changed, from sultry heat to a cold, rainy norther, and by daylight four soldiers of those left in the town were dead with cholera, and many labouring under the disease. On the following day an express came back from Major Gates, with the intelligence that his men were falling rapidly with the same disease. The disease raged with such severity that in the brief space of three or four days 115 men, or about one-fourth of the command, perished. Yet, strange as it may appear, the correspondent informs us that 'no cases occurred among the citizens.' Now these soldiers must have imbibed the morbid cause somewhere, which lay dormant in their systems, like a powerful enemy in ambush, until a fit opportunity was offered for action by the sudden and malign influence of a Texan norther. Then it sprang upon its unsuspecting victims, made dreadful havoc, and in a few days vanished.

"We are informed that cholera has prevailed to a considerable extent at Houston, Texas, whilst Galveston on the sea-board, has escaped, although situated on the line of travel from New Orleans to Houston.

"Soon after the epidemic commenced in this city, a trader on Esplanade street took his negroes (about sixty in number) across the lake and located them in the pine woods, where he hoped they would be perfectly secure. They were all well when they left the city, excepting one case, which terminated fatally on the day of their arrival over there, and continued well for nearly three weeks after reaching their point of destination. The cholera then broke out among them and killed a considerable number in a very short time.

"At the Charity Hospital, probably as many as fifty cases have occurred among the nurses, servants, and persons who had been admitted for other complaints.

"After reviewing the few recent facts which I have just stated, what shall we say about the contagiousness or transportability of cholera? Numberless striking facts recorded in the history of cholera would seem to prove beyond cavil that it may be transported from place to place, through the medium of persons affected. On the other hand, the numerous instances in which the disease failed to be propagated through this medium and the utter futility of rigid quarantine regulations and sanatory cordons in arresting its march, would seem to authorize

a different opinion. Amidst these contending difficulties, if the reader can arrive at a satisfactory conclusion, I can only say he is more fortunate than myself. Speaking of quarantine, perhaps we may hear before long that the city of Natchez, on the river above us, has been protected from cholera by *her* quarantine. I have been informed that there were some fatal cases of cholera in that place. Moreover, I have good authority for saying that the quarantine regulations of Natchez are altogether worthless, except to the officers charged with their enforcement."

Iron Rod weighing 13½ pounds driven through the Head—Recovery.—Dr. J. M. HARLOW records in the *Boston Med. and Surg. Journal* (Dec. 13th) the following remarkable case:—

A man, 25 years of age, of vigorous constitution and temperate habits, was charging a hole preparatory to blasting, when the powder exploded, driving the tamping iron against the left side of his face, immediately anterior to the angle of the inferior maxillary bone. Taking a direction upward and backward toward the median line, it penetrated the integuments, the masseter and temporal muscles, passed under the zygomatic arch, and (probably) fracturing the temporal portion of the sphenoid bone, and the floor of the orbit of the left eye, entered the cranium, passing through the anterior left lobe of the cerebrum, and made its exit in the median line, at the junction of the coronal and sagittal sutures, lacerating the longitudinal sinus, fracturing the parietal and frontal bones extensively, breaking up considerable portions of brain, and protruding the globe of the left eye from its socket, by nearly one-half its diameter. The tamping iron is round, and rendered comparatively smooth by use. It is pointed at the end which entered first, and is three feet seven inches in length, one and one-quarter inch in diameter, and weighs 13½ pounds. The patient was thrown upon his back, and gave a few convulsive motions of the extremities, but spoke in a few minutes. He was carried to an ox cart, in which he rode sitting erect, full three-fourths of a mile to a house. On his arrival there, he got out of the cart himself, and with a little assistance walked up a long flight of stairs, where he was dressed. When seen by Dr. Harlow, an hour and a half after the accident, he was perfectly conscious, but was becoming exhausted from the hemorrhage, which was very profuse both externally and internally, the blood finding its way into the stomach, which rejected it as often as every 15 or 20 minutes. Pulse 60, and regular. His person, and the bed on which he was laid, were literally one gore of blood. Assisted by Dr. Williams, of Proctorsville, who was first called to the patient, Dr. H. proceeded to dress the wounds. From their appearance, the fragments of bone being uplifted and the brain protruding, it was evident that the fracture was occasioned by some force acting from below upward. The scalp was shaven, the coagula removed, together with three small triangular pieces of the cranium, and in searching to ascertain if there were other foreign bodies there, Dr. H. passed in the index finger its whole length, without the least resistance, in the direction of the wound in the cheek, which received the other finger in like manner. A portion of the anterior superior angle of each parietal bone, and a semicircular piece of the frontal bone, were fractured, leaving a circular opening of about 3½ inches in diameter. This examination, and the appearance of the iron which was found some rods distant, smeared with brain, together with the testimony of the workmen, and of the patient himself, who was still sufficiently conscious to say that "the iron struck his head and passed through," was considered at the time sufficiently conclusive to show not only the nature of the accident, but the manner in which it occurred.

The spiculae of bone having been taken away, a portion of the brain, which hung by a pedicle, was removed, the larger pieces of bone replaced, the lacerated scalp was brought together as nearly as possible, and retained by adhesive straps, excepting at the posterior angle, and over this a simple dressing—compress, nightcap and roller. The wound in the face was left patulous, covered only by a simple dressing. The hands and forearms were both deeply burned nearly to the elbows, which were dressed, and the patient was left with the head elevated, and the attendants requested to keep him in that position.

10 P. M., same evening.—The dressings are saturated with blood, but the

hemorrhage appears to be abating. Has vomited twice only since being dressed. Sensorial powers remain as yet unimpaired. Says he does not wish to see his friends, as he shall be at work in a day or two. Tells where they live, their names, &c. Pulse 65; constant agitation of the lower extremities.

14th, 7 A. M.—Has slept some; appears to be in pain; speaks with difficulty; tumefaction of face considerable, and increasing; pulse 70; knows his friends, and is rational. Asks who is foreman in his pit. Hemorrhage internally continues slightly. Has not vomited since 12 M.

15th, 9 A. M.—Has slept well half the night. Sees objects indistinctly with the left eye, when the lids are separated. Hemorrhage has ceased. Pulse 75.

8 P. M., same day.—Restless and delirious; talks much, but disconnected and incoherent. Pulse 84, and full. Prescribed *vin. colchicum*, f3ss. every six hours, until it purges him. Removed the nightcap.

16th, 8 A. M.—More quiet. Pulse 70. Dressed the wounds, which in the head have a fetid sero-purulent discharge, with particles of brain intermingled. No discharge from bowels. Ordered sulph. magnes. 3j, repeated every four hours until it operates. Iced water to the head and eye. A fungus appears at the external canthus of the left eye.

17th, 8 A. M.—Pulse 84. Purged freely. Rational, and knows his friends. Discharge from the brain profuse, very fetid and sanious. Wound in face healing.

18th, 9 A. M.—Slept well all night, and lies upon his right side. Pulse 72; tongue red and dry; breath fetid. Removed the dressings, and passed a probe to the base of the cranium, without giving pain. Ordered a cathartic, which operated freely. Cold to the head. He is delirious, with lucid intervals.

19th, 8 P. M.—Has been very restless during the day; skin hot and dry; tongue red; excessive thirst; delirious.

20th and 21st.—Has remained much the same.

22d, 8 A. M.—Had a very restless night. Throws his hands and feet about, and tries to get out of bed. Head hot. Ordered a cathartic of calomel and rhubarb, to be followed by castor oil, if it does not operate in six hours. 4 P. M.—Purged freely twice, and inclines to sleep.

23d.—Rested well most of the night, and appears stronger and more rational. Pulse 80. Shaved the scalp a second time, and brought the edges of the wound in position, the previous edges having sloughed away. Discharge less in quantity and less fetid. Loss of vision of left eye.

From this time until the 3d of October, he lay in a semi-comatose state, seldom speaking unless spoken to, and then answering only in monosyllables. During this period, fungous growths started from the brain, and increased rapidly from the orbit. To these was applied nitrate of silver cryst., and cold to the head generally. The dressings were renewed three times in every twenty-four hours; and in addition to this, laxatives, combined with an occasional dose of calomel, constituted the treatment. The pulse varied from 70 to 96—generally very soft. During this time an abscess formed under the frontalis muscle, which was opened on the 27th, and has been very difficult to heal. Discharged nearly 3viii at the time it was punctured.

Oct. 5th and 6th.—Patient improving. Discharge from the wound and sinus, laudable pus. Calls for his pants and wishes to get out of bed, though he is unable to raise his head from the pillow.

7th.—Has succeeded in raising himself up, and took one step to his chair, and sat about five minutes.

11th.—Pulse 72. Intellectual faculties brightening. When I asked him how long since he was injured, he replied, "four weeks this afternoon, at 4½ o'clock." Relates the manner in which it occurred, and how he came to the house. He keeps the day of the week and time of day, in his mind. Says he knows more than half of those who inquire after him. Does not estimate size or money accurately, though he has memory as perfect as ever. He would not take \$1000 for a few pebbles which he took from an ancient river bed where he was at work. The fungus is giving way under the use of the crys. nitrate of silver. During all of this time there has been a discharge of pus into the

fauces, a part of which passed into the stomach, the remainder being ejected from the mouth.

20th.—Improving. Gets out and into bed with but little assistance. Sits up thirty minutes twice in twenty-four hours. Is very childish; wishes to go home to Lebanon, N. H. The wound in the scalp is healing rapidly.

Nov. 8th.—Improving in every particular, and sits up most of the time during the day. Appetite good, though he is still kept upon a low diet. Pulse 65. Sleeps well, and says he has no pain in the head. Food digests easily, bowels regular, and nutrition is going on well. The sinus under the frontalis muscle has nearly healed. He walks up and down stairs, and about the house, into the piazza, and I am informed this evening that he has been in the street to-day. Strict injunctions given to avoid excitement and exposure.

15th.—Gage has been in the street every day except Sunday, during the past week. His desire to be out and to go home has been uncontrollable by his friends, and he has been making arrangements to that effect. Yesterday he walked half a mile, and purchased some small articles at the store. The atmosphere was cold and damp, the ground wet, and he went without an overcoat, and with thin boots. He got wet feet and a chill. I find him in bed, depressed and very irritable. Hot and dry skin; thirst; tongue coated; pulse 110; lancinating pain in left side of head and face; rigors, and bowels constipated. Ordered cold to the head and face, and a black dose to be repeated in six hours, if it does not operate. He has had spiculæ of bone pass into the fauces, which he expelled from the mouth within a few days.

16th, A. M.—No better. Cathartic has operated freely. Pulse 120; skin hot and dry; thirst and pain remain the same. Has been very restless during the night. Venesection f3xvj. Ordered calomel, gr. x, and ipecac. gr. ij, followed in four hours by castor oil.

8 P. M., same day.—Purged freely; pulse less frequent; pain in head moderated; skin moist. R.—Antim. et potassa tart., gr. ij; syr. simplex, f3vj. Dose, a dessert spoonful every four hours.

17th.—Improving. Expresses himself as "feeling better in every respect;" has no pain in the head.

18th.—Is walking about house again; says he feels no pain in the head, and appears to be in a way of recovering if he can be controlled.

1849, Jan. 3d.—The patient is now at Lebanon, N. H., walking about the house, and riding out, improving both mentally and physically.

Death from Pressure of an enlarged Thyroid Gland.—Dr. F. H. HAMILTON presented to the Medical Society of the State of New York (Feb., 1849) a cast in plaster of an enlarged thyroid gland, with the trachea attached, which had been removed from a patient after death. Dr. Hamilton stated the history of the case to be as follows. During more than twenty years the patient, the Rev. Mr. Walker, of Dansville, had suffered from occasional paroxysms of difficult breathing, which he at first supposed to be asthma. The difficult respiration had, however, gradually increased, accompanied with a steady enlargement of the thyroid gland, especially on the right side. During several months preceding his death his sufferings were extreme and unrelenting, and the most skilful treatment failed to afford the least permanent relief. A few weeks, however, before the fatal event, he had experienced temporary relief from a sudden discharge of a small quantity of grumous matter through the trachea.

Dr. Hamilton saw him in the early part of January, 1849. At this time he had not slept for several days, except when for a minute or two, he voluntarily suspended the act of respiration. The trachea was pressed forcibly to the left, being displaced in this direction about one inch. Upon consultation it was determined that in this condition he could survive but a few hours, and that an operation was demanded. Dr. Hamilton, knowing well the formidable character and connections of the tumour he had to deal with, did not at any time propose to remove the gland, but suggested the possibility of prolonging life by removing the pressure of the muscles and fascia which bound it against the trachea. Accordingly he cut across the neck, from the posterior edge of

the sterno-cleido-mastoid to the centre of the trachea, traversing all the textures down to the tumour. But neither this nor the elevation of the tumour with the tenaculum diminished the difficulty of breathing. He then dissected up and cut off that portion which lay in front of the trachea. But the breathing continued the same. With two ligatures and applications of snow the hemorrhage from the incision upon the gland was soon arrested. It now became apparent that the trachea was permanently narrowed by the long and continued pressure, and the operation of tracheotomy was made below the tumour as a final and only resort. Through this opening he continued to breathe quietly and freely until his death, which occurred three days after.

The *autopsy* disclosed the following facts. The right thyroid lobe enlarged to about five inches in its transverse diameter and degenerated; containing several imperfectly formed cysts filled with grumous matter. One of these cysts, with a portion of the hypertrophied structure, was situated directly behind the trachea, occupying all the space between the cricoid cartilage and the 6th or 7th cartilaginous ring, and encroaching upon the tube from this direction so as to effect an almost complete closure; leaving only an opening of about two lines in diameter. The left lobe was also considerably hypertrophied, and degenerated in the same manner with the right.—*Trans. Med. Soc. State of N. York*, 1849.

Superfetation and Mixed Births.—Dr. THOMAS B. TAYLOR, of Princeton, Miss., relates (*N. O. Journ.*, Nov. 1848) the following as a case of superfetation. Clarissa, a negress, the property of Mr. A. Knox, aged about 35 years, in May last was delivered of twins; one a mulatto, and the other a negro child. She had been married to a negro man on the plantation, of delicate constitution, for many years, and had had several children by him. Her menstrual discharge had occurred for several months previous to her pregnancy, at about the full of the moon. She felt herself pregnant by her customary signs, about the middle of the month; and, to confirm her suspicions, at the next period it did not appear. About three weeks from the time she first felt she had conceived, and one week after her menses had failed to appear, she had sexual intercourse *once* with a white man. She slept with her husband every night—had connection with him the night before she had intercourse with the white man, but not on the same night. At their birth the mulatto child bore marks of being at least three weeks younger than the negro; thus sustaining the woman in her suppositions, as to the time between her two conceptions. This woman is a faithful servant, and I have every reason to believe she told the truth in relating the circumstances of her case to me.

Cases in which a large quantity of Chloroform was used.—Professor JACKSON related a case in which a remarkable quantity of chloroform was used. A lady labouring under a stricture of the upper portion of the rectum which prevented the flatus from passing, became, in consequence, the subject of an enormous distension of the abdomen, attended with so great a degree of sensitiveness that the use of palpation and percussion were entirely precluded, and her case was at first involved in no little obscurity.

In the latter part of the month of December, 1845, she was attacked by a violent convulsive paroxysm, preceded by a very peculiar spasmodic affection, consisting in a cracking of the head of the humerus in the glenoid cavity, and of the femur in the acetabulum; these spasmodic symptoms continued for about fifteen minutes, when general convulsions set in, accompanied with intense pain. On the first of January, 1846, an attack of spasms occurred and continued for several hours; the urine was retained from a spasmodic affection of the neck of the bladder and urethra, the orifice of which latter was so much retracted that it was difficult to introduce a catheter to relieve the distension of the bladder. A few drops of chloroform were given to the patient to inhale, and prompt relief was experienced. The use of the chloroform was continued daily for two or three weeks, the quantity being gradually increased as the effects diminished. Dr. J. was sent for one morning and found the mother of the lady in great alarm in consequence of the quantity of the chloroform which her daughter had taken.

She had inhaled two ounces in the course of the evening, then two ounces more, and an additional ounce in the course of the night; being five ounces inhaled from 5 o'clock P. M. until 10 o'clock of the ensuing morning. Dr. J. found her with a feeble pulse, diminished temperature of the body, and considerable excitement of mind. She insisted upon having more of the ether to inhale. She remained cold and nearly pulseless for forty-eight hours; when all effects of the inhalation disappeared, and, what is remarkable, since that time she has had no return of her spasms. Upon one occasion having a tooth taken out, the pain of the operation caused a tendency to their return, but this went off without the spasms occurring.—*Trans. Phila. College of Phys.*, Vol. ii. No. vi.

Local Anæsthesia in Neuralgia.—Dr. HAYS stated, that he had employed the chloroform to produce local anæsthesia with apparently the most happy effects, in a case of neuralgia, occurring in a gentleman fifty years of age, who had been for a long time a sufferer from neuralgia of the foot, in which all the remedies that had been previously employed failed to produce relief. Dr. H. was called to this patient about eight days since, and found him in intense pain, which had deprived him of sleep the whole of the preceding night. Dr. H. directed the affected parts to be enveloped with a pledget of lint or a few folds of muslin wet with chloroform, and the whole to be covered with a portion of oiled silk to prevent evaporation; on the next morning he found him entirely free from pain, which has not since returned. Whether the relief experienced in this case is to be ascribed to the local anæsthesia produced by the chloroform, or is to be considered as a mere coincidence, Dr. H. does not pretend to decide.—*Ibid.*

Since this communication was made to the College, the further history of this case has shown that an arrest of the paroxysm is always accomplished by the application of the chloroform; and to the use of the article, several other similar cases have been attended with like results.

Chloroform in Nephritic Colic.—Dr. STILLE stated, that last spring, Dr. Bowditch, of Boston, related to him a case of nephritic colic, occurring in an individual who had previously suffered from several attacks, in which the chloroform had been administered with the effect of inducing entire relief of the pain, without abolishing consciousness. The influence of the chloroform was kept up for several hours, when, at length, the stone passed through the ureter. Within the last three weeks a lady, about twenty years of age, after retiring to bed some hours, was attacked with violent pain in the region of the right kidney. About an hour afterwards (1 o'clock, A. M.) Dr. Stillé was sent for. The mother had applied warm fomentations to the loins, and immersed the feet in a mustard bath. There was still intense pain, with tenderness over the region of the right kidney. The patient was lying bent double, her hands and feet were cold, her pulse feeble, and about sixty in the minute. The pain extended in the direction of the ureter; there was pain and a twitching motion of the right thigh, with frequent inclinations to urinate. From a review of the symptoms, Dr. S. considered the case to be one of nephritic colic. The use of ether was suggested. A teaspoonful was poured upon a handkerchief and inhaled for five minutes, when the patient fell asleep. In about fifteen minutes she was aroused by a return of the pain. The ether was again inhaled, and its impression was kept up for about an hour, without carrying it so far as to abolish consciousness; the pain ceased, the extremities became warm, and the pulse rose to seventy-five. The next morning there was no pain complained of, but considerable soreness was experienced when pressure was made over the right kidney. The pain did not return until two nights afterwards; when a larger dose of the ether was used, by the patient, without Dr. Stillé's presence or direction, but from some cause, it did not produce the same alleviation of the pain as before. At 4 o'clock in the morning Dr. S. saw her. The pain had by this time somewhat abated, and upon the administration of an opiate enema complete relief was procured. The pain has not since returned. No calculus was passed, so far, at least, as could be ascertained.—*Ibid.*

[*Army Surgeons.*—We take pleasure in giving place to the following circular issued by the distinguished Surgeon-General U. S. A. It shows that justice has at last been awarded to our gallant brethren of the army, and we trust that the same will be granted to our equally gallant and meritorious brethren of the other arm of our national defence.]

Circular.—*Surgeon-General's Office, February 7, 1849.*—SIR: The position to which the Medical Staff of the Army has attained after a long struggle against prejudice and error, and in opposition to views entertained by some high in authority, is a gratifying illustration that "truth is powerful and will ultimately prevail."

The Officers of the Medical Department may now rest satisfied that their position in the Army cannot be successfully assailed by arguments addressed to the reason; and that if driven from the ground they now occupy, it can only be through the temporary triumph of prejudice and authority over truth, reason, and justice. Conscious of the soundness of their claims to military rank, the members of the Corps will hold themselves prepared to meet any issues that may arise between themselves and others in authority; and appealing to law and regulation, resolve "to ask for nothing but what is right, to submit to nothing that is wrong."

While it is confidently anticipated that the senior officers of the Department will be governed by a sound discretion, and always pursue the course best calculated to secure their rights, it is deemed expedient to call the attention of its junior members to some considerations which may aid their inexperience and lead them to a correct appreciation of their military position.

On the day of his appointment, an Assistant Surgeon is invested by law* with the rank of First Lieutenant. This rank will give him precedence (except where military command is implied) of all Second Lieutenants, and of all First Lieutenants whose appointments as such date subsequent to his own commission.

On all details, then, for Courts Martial, Military Boards, and other mixed commissions where military command is not involved—each member acting independently, and giving his vote free from military control—the rank of the Medical officer will take effect; and against any order convening such Boards, &c., which embraces him in the detail without a recognition of his military position, it is his duty firmly yet respectfully to protest.

It is enjoined upon all Medical officers to take, in a conciliatory spirit, a decided stand upon this point at the very outset; and for the reason that encroachment promptly met will be more promptly checked; while any evidence of irresolution, or want of confidence in the correctness of their position, might lead to further aggression.

The time is propitious for the acknowledgment of the claims of the Medical Staff to a specific military position. During the late war with Mexico, their conduct in the field was the subject of high commendation; and there is a current of feeling in their favour which, if not diverted from its course by acts of indiscretion on the part of the officers themselves, will go far to remove the prejudices which have hitherto opposed the recognition of their rights.

Hereafter, but few military men will be disposed to regard the Medical Department as a subordinate branch of the Military Establishment, and less entitled to consideration than other staff departments of the Army. There are some, it is true, who will never be able to escape from the thralldom of opinions formed in early life; but the great body of well informed military men will, it is believed, ultimately acknowledge the correctness of the views herein set forth. Let the officers of the corps, therefore, studiously avoid everything which might exasperate feelings, and give stimulus to opposition.

* "And that the rank of the officers of the Medical Department of the Army shall be arranged upon the same basis which at present determines the amount of their pay and emoluments: *Provided*, That the medical officers shall not in virtue of such rank be entitled to command in the line or other staff departments of the Army."—*Laws of the U. S., passed at 2d Sess. 29th Congress, Chap. 8, and part of Sec. 8, of an act to raise, for a limited time, an additional military force, and for other purposes.* Approved February 11, 1847.

Recollecting that the same law which gives officers of the Medical Staff military rank, excludes them from the right of command in the line or other staff departments of the Army, let them be careful to abstain from any assumption of authority in which they cannot be sustained by the regulations of the Army or the laws of the land.

Protected as they now are from all degrading disabilities, and independent in their own sphere of action, let them, by a faithful devotion to their official duties, and a rigid observance of their high moral obligations to the community in which they move, illustrate the merits of the Corps.

By such a course of conduct steadily pursued, opposition will be disarmed, and the Medical Staff will continue to advance in the respect and the confidence of the whole Army.

I am, Sir, very respectfully,

Your obedient servant,

TH. LAWSON, *Surgeon-General.*

In further illustration of the views set forth in the foregoing Circular from the Surgeon-General's Office, the following order from the Head Quarters of the 1st and 3d Military Departments is hereto appended :

HEAD QUARTERS 1st and 3d MILITARY DEPARTMENTS,
Troy, N. Y., January 24th, 1849.

CIRCULAR.

The following opinion of the major-general commanding the Eastern Division, concurred in by the Secretary of War, is published for the information and guidance of all concerned :

"With reference to Act February 11th, 1847, Section 8, it is my opinion that the detail of Lieutenant Winder over Assistant Surgeon Henderson was wrongfully made—that Act having evidently changed the principle of paragraph No. 5 of the Regulations of 1841, which prohibited Staff officers, without army rank, being detailed as Presidents of mixed Boards, or Councils."

In accordance with the views set forth in the above opinion, medical officers detailed upon Boards and Councils, will take precedence according to the rank assigned them by the law above referred to.

By command of Major-General Wool.

(Signed) O. F. WINSHIP, A. A. G.

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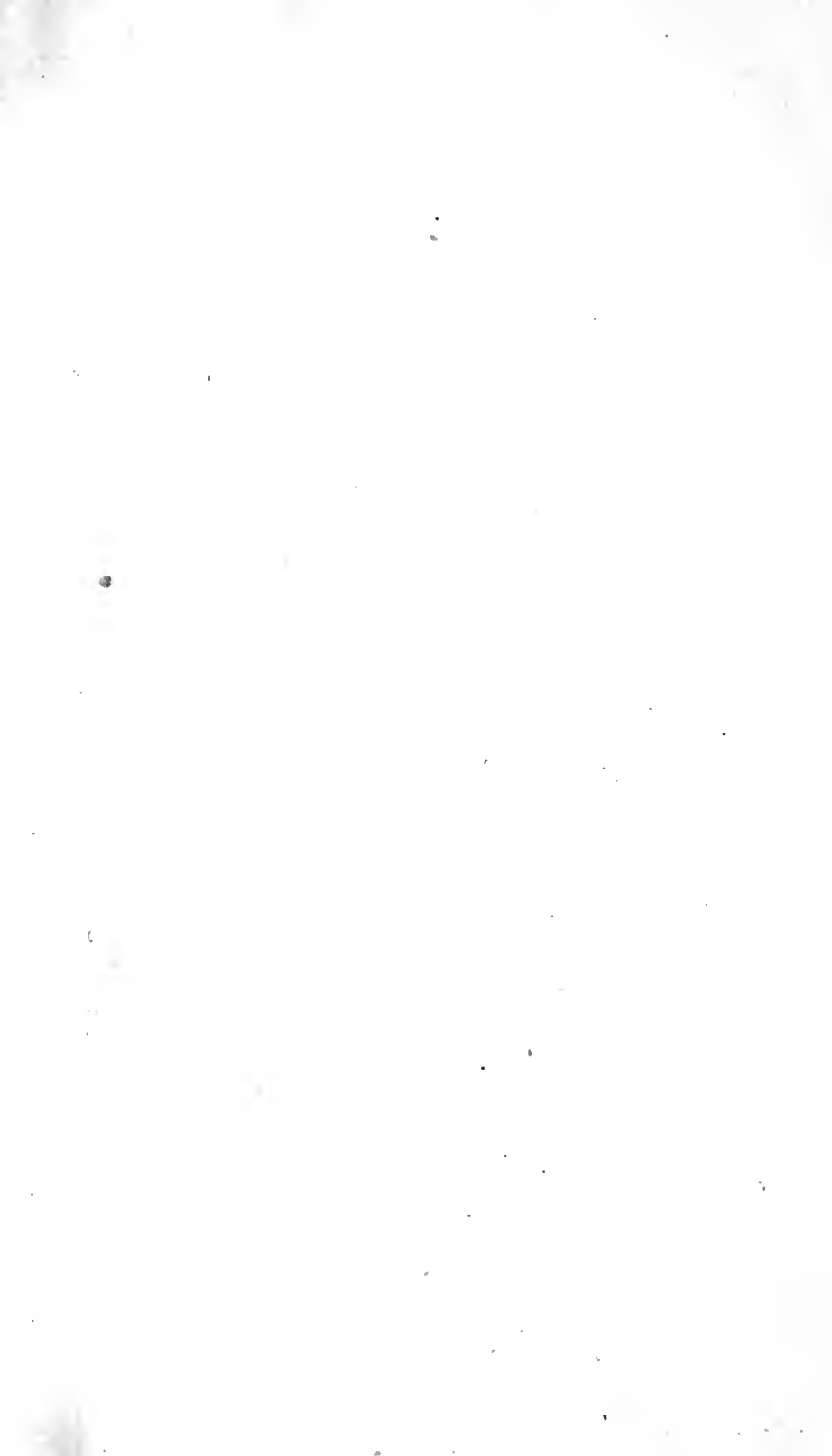
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